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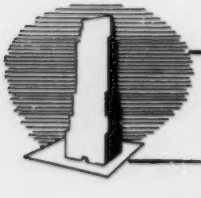

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LEGISLATION FOR PSYCHOLOGISTS

THIS issue of the *American Psychologist* is made up largely of a series of articles concerned with legislation for psychologists. The symposium was prepared in accordance with the request of the Council of Representatives, at its 1952 meeting, that the Advisory Committee on Legislative Matters study the many issues involved in legislative actions and develop a series of papers concerning legislative matters. The symposium is presented in the following pages. Supplementing the symposium is a collection of statements, solicited by the *American Psychologist,* concerning the status of legislative action in the various states.

In 1952 both the Board of Directors and Council of Representatives felt that it was desirable for APA to "take a stand" on legislative issues. Psychologists in some states had sought and brought into official effect either licensing or certification bills. In other states, psychologists had sought with equal energy but less success to have bills passed by state legislatures. In still other states the concern for legislative matters was either active but uninformed and amorphous, or nonexistent. And on the horizon were tentative moves on the part of people outside psychology to secure legislation affecting the practice of psychology. There was clear need for systematic thinking about legislation and its implications both for psychology and for society. There were those who urged with great vigor that the APA adopt a policy. Though the 1952 members of the Board of Directors were in general agreement concerning most legislative issues (see "The March Meeting of the Board of Directors," *Amer. Psychologist,* 1952, **7**, 162–166), the Board had serious hesitancy about any attempt to impose its judgment on APA membership. It recommended instead that APA members be given full facilitation for full discussion of legislative issues. The Advisory Committee on Legislative Matters was asked to be the facilitating agency. Out of discussion, the hope was, wisdom would grow; then APA could articulate for its members whatever policies turned out to be widely perceived as good and desirable.

But history moved more rapidly than anybody anticipated. At its 1953 meeting, while copy for the present symposium was at the printer, the Council of Representatives unanimously adopted as APA policy a set of principles recommended by the *Ad Hoc* Committee on Relations between Psychology and Other Professions. This action had the effect of making the present symposium somewhat out of date before it appeared in public, for among the adopted principles are quiet but nonetheless firm statements concerning legislative matters. The principles and their implications can be found in the first article in the symposium, "Implications for Legislation in the Report of the *Ad Hoc* Committee on Relations between Psychology and Other Professions" which was prepared, at the request of the Advisory Committee, by the *Ad Hoc* Committee.

APA, then, does have a policy with respect to legislation. There is some reason to believe that psychologists in any state will now be in a better position to deal with legislative problems arising at local and state levels. And psychology's statement of principles should clarify our relations with other professions. But much work remains to be done at both state and national levels if psychologists are to handle well their accepted responsibilities. In the hope of facilitating and coordinating the next steps, the Board of Directors, with Council approval, appointed a new Advisory Committee on State Legislation, composed of two members of the Board of Directors (Nicholas Hobbs and E. Lowell Kelly) and the chairman of the Conference of State Psychological Associations (Charles N. Cofer). In collaboration with the CSPA Legislative Committee and with the assistance of "correspondents" in each state, this committee will soon issue a report on the current legislative situation.

In some aspects, then, the present symposium represents a historical background for events that outstripped the pedestrian process of publication; in many others, it deals with problems still unsolved. It still appears to be a useful collection of papers.

At the Cleveland meeting the Council of Representatives expressed sincere thanks for the work of the 1952–53 Advisory Committee (Irwin A. Berg, Arthur W. Combs, Roy M. Dorcus, Albert Ellis, Roger Heyns, and Stanley G. Estes, chairman).

FILLMORE H. SANFORD

IMPLICATIONS FOR LEGISLATION IN THE REPORT OF THE *AD HOC* COMMITTEE ON RELATIONS BETWEEN PSYCHOLOGY AND OTHER PROFESSIONS[1]

AD HOC COMMITTEE ON RELATIONS BETWEEN PSYCHOLOGY AND OTHER PROFESSIONS

ALTHOUGH the charge given this committee was considerably broader than "legislation for psychology," one of the basic reasons for creating the committee was the realization by the Board of Directors that the APA would soon be urged to take a position on a series of interrelated policy questions:

I. Should the APA favor, discourage, or take no position regarding legislative efforts by state associations?

II. If the APA should decide to encourage legislation, should it support licensing or certification?

III. Should the APA encourage, discourage, or take no position with respect to independent private practice by psychologists?

IV. If the APA should decide to support independent practice, what should be the minimal qualifications of psychologists for such practice?

V. Should the APA take action with respect to pending legislation which would limit the application of psychological techniques by psychologists and members of other professions?

The committee, after a great deal of deliberation, came to unanimous decisions on each of these issues. However, since our recommendations concerning them are embedded in a larger report dealing with other matters, it may be useful to restate the committee's position and indicate reasons for the position on each of the issues.

Issue I. Should the APA adopt an official position with respect to legislation for psychologists? The committee's answer was a resounding "Yes." It is stated as:

Principle 5.2.

In sharing its applied functions either alone or in association with other professions, psychology accepts the responsibility for adopting every feasible means to protect the public from the incompetent or unwise application of psychological knowledge and techniques.[2]

Issue II. Should the APA support licensing or certification? The committee recommended mandatory certification rather than licensing as the most appropriate and socially defensible position on this issue. Since the terms "licensing" and "certification" have somewhat different meanings from state to state, it seems desirable to avoid semantic confusion by stating the committee's position in other terms: the report is opposed to legislation that attempts to define the professional activities of psychologists and to prohibit these activities on the part of nonpsychologists; the report favors legislation which provides for the public designation of persons whose training and experience justify the use of the title "psychologist"; it also favors legislation restricting use of the title "psychologist" to persons so qualified and designated. In brief, then, the report favors "certification" of psychologists on the basis of professional qualifications *and* "mandatory certification" or "licensing" which proscribes the use of the name "psychologist" by persons not certified. The major argument against legislation which would limit designated professional functions to psychologists only is stated as:

Principle 5.1.

The professional services rendered by psychologists vary greatly in their distinctiveness. Some are rarely carried out by nonpsychologists; others are shared with several professional groups. Public welfare is advanced by the competent performance of socially useful services by a number of professions. Psychology believes it undesirable to at-

[1] This committee (formerly called the *Ad Hoc* Committee on Relations between Psychology and the Medical Profession) was appointed by the Board of Directors in May, 1951 to formulate recommendations for the guidance of the Association. Its recommendations are contained in the report of the committee published in the *American Psychologist*, 7, 145–152, May, 1952.

[2] The wording of this and the other principles quoted reflect the changes incorporated in the final draft of the report adopted by the Council of Representatives in September, 1953.

tempt to control the practice of all psychological functions by restricting them to members of any single profession *except insofar as it can be clearly demonstrated that such restriction is necessary for the protection of the public.* Psychology, therefore, does not favor narrowly restrictive legislation, which provides that only psychologists (or teachers, or physicians, etc.) may engage in certain applications of psychological knowledge and techniques.

Perhaps the most cogent reason for the committee's position on this issue grew out of the conviction that it is not possible to define clearly the appropriate functions of psychologists for purposes of restrictive legislation, without including activities appropriate to many other professional groups. To attempt to exclude qualified persons in other professions from applying psychological techniques was regarded as socially not defensible. The attempt to define in legal language the unique activity of applied psychologists runs into two major difficulties. First, careful and reasonably precise statements of their activities, as of today, could be interpreted very narrowly by courts, leading in effect to a restriction of the field that would not be consonant with what was intended in the language of the law or what is acceptable to most psychologists. Second, if the legal language is general enough to prevent the occurrence of what has just been described, it might lack specificity to the point of arousing some feelings of threat on the part of allied professional groups.

The committee sees certification as a necessary step in the development of any profession whose members engage in the application of psychology This position is clearly spelled out:

Principle 5.21. Psychology accepts the responsibility for (*a*) establishing meaningful standards of professional competence, (*b*) designating to the public those members of the profession who have met these standards, and (*c*) effectively informing the public concerning the meaning of the established standards of competence.

Principle 5.22. Psychology accepts the responsibility for establishing and certifying standards of professional competence of its own members, but since some applications of psychology are shared with members of other professions, it believes that these other professions should also accept the responsibility of maintaining standards of professional competence of their own members with respect to the application of psychological knowledge and techniques. Psychology stands ready to cooperate with all other professional groups in devising means of protecting the public from charlatans and quacks in the human relations field.

Psychology has already accepted the responsibility for formulating a code of ethics adequate to protect the public and for enforcing this code among its members.

Principle 5.24. In the interests of both the public and the client and in accordance with the requirements of good professional practice, the profession of psychology is obligated to seek legal recognition of the privileged nature of these communications.

Issue III. Should the APA encourage, discourage, or take no position with respect to independent private practice of psychologists?

This is admittedly a delicate issue and on first thought may not appear directly related to the larger problem of legislation for psychologists. In this committee's opinion, however, it is a central and inescapable aspect of the problem. Historically, psychologists have functioned primarily as staff members of institutions (universities, hospitals, clinics, industries, etc.). In such settings, the employing institution vouches for (i.e., "certifies") the qualifications of any individual employed with the title "psychologist." Furthermore, the institution delineates the duties and responsibilities of the psychologist, and directly or indirectly provides for the supervision and continued evaluation of his professional performance.

By contrast, the independent private practice of psychology, whether in the clinical, industrial, or counseling fields, is not subject to the forms of social control implicit in institutional settings. Instead, the individual psychologist assumes full responsibilities:

a. for deciding what clients and what kinds of problems he will accept or reject,

b. for determining the amount and the nature of his interaction with other professional persons through consultation, referral, supervision, etc.,

c. for evaluating the quality of his own professional efforts.

As of the moment, relatively few psychologists are engaged in independent private practice. In general, the APA has not acted officially either to encourage or to discourage this mode of professional activity among its members. Since much of the impetus toward legislative action by states derives from the problem associated with independent practice, any APA policy decisions regarding legislation will have an inevitable effect on the nature and extent of private practice in psychology—and hence in the long run—on the nature of the profession of psychology.

For these reasons, the *ad hoc* Committee regarded the issue of independent practice as a cen-

tral one. After considerable deliberation, growing out of wide differences of opinion among members of the committee, it was decided to recommend that the APA take a position supporting the right of its members to choose independent practice as a mode of professional activity; however, in view of the nature and complexity of the responsibilities assumed by persons making this decision, the committee recommended that the APA limit its endorsement of this privilege to psychologists "fully qualified." This is stated as Principle 5.4 of the committee's report:

Principle 5.4.
Since our society endorses independent private practice of the professions, the profession of psychology regards it as appropriate for its members to choose this mode of practice, providing that they are properly qualified.

Principle 5.41. Recognizing that independent private practice, whether in clinical, counseling, or industrial psychology, involves the assumption of grave professional responsibilities [3] requiring both high technical competence and mature judgment, the profession of psychology will support a member's decision to elect this mode of practice only if, in the judgment of his peers, he is qualified by training, experience, maturity, and attitudes to hold himself forth to the public as a qualified psychologist.[4]

Principle 5.42. Since the practice of psychology in institutional settings or under qualified supervision or in team or group practice (whether supported by a community or by private fees) encourages collaborative decisions and provides for certain social controls, such practice may be appropriately engaged in by psychologists who do not yet meet the high qualifications expected of persons for independent practice.

[3] Such as the responsibility for (*a*) deciding what kinds of problems and which clients he will accept or reject; (*b*) deciding on the amount and the nature of his collaboration with other psychologists and other professional persons; and (*c*) evaluating the quality of his own professional activities.

[4] The most tangible evidence of such endorsement by peers is possession of a Diploma issued by the American Board of Examiners in Professional Psychology, a diploma issued only after an intensive evaluation of a psychologist's training, experience, reputation, and professional attitudes in addition to written and oral examinations. Other current symbols of achievement or status (e.g., the possession of an MA or PhD degree, membership in the APA or its divisions, previous experience in private practice, and certificate or license of a state) do not guarantee the degree of professional competence deemed necessary for fully independent practice.

Some psychologists not holding an ABEPP diploma may admittedly be fully competent to assume the responsibilities of independent practice. However, psychologists electing to enter independent private practice without a certifying diploma must do so without the assumption that their colleagues or their professional associations will agree with the propriety of their decision.

This decision to recommend APA support of the principle of the right to choose independent practice was made in spite of the unanimous opinion among committee members that "the interests of good practice are best met when applied psychologists work in close and intimate conjunction with other psychologists and with members of other professions." [3] In a society, in which independent practice is characteristic of many other professions, it would seem indefensible for any profession to deny this privilege to properly qualified persons.

Because of the additional responsibilities involved in the practice of psychotherapy by psychologists, the final draft of the report restates a previously adopted APA policy as follows:

Principle 5.44.
The profession of psychology approves the practice of psychotherapy by psychologists only if it meets conditions of genuine collaboration with physicians most qualified to deal with the borderline problems which occur (e.g., differential diagnosis, intercurrent organic disease, psychosomatic problems). Such collaboration is not necessarily indicated in remedial teaching or in vocational and educational counseling.[5]

[5] The substance of this principle was originally adopted by the APA Council of Representatives on September 8, 1949. It is, however, believed desirable that it be included here in the present context. The principle is also incorporated as Principle 2.514 of "Ethical Standards for Psychologists."

Issue IV. What minimal qualifications of psychologists are appropriate for independent private practice?

Admittedly the phrase "providing that they are properly qualified" in Principle 5.4 is not very specific.

Our official "Ethical Standards for Psychologists" adopted in September 1952 includes as Principle 2.14–1:

It is unethical for a psychologist to offer services outside his area of training and experience or beyond the boundaries of his competence.

1. The definition of minimum requirements for the practice of psychology falls outside the purview of this code. Psychologists engaged in practice are expected to be informed of professional standards prescribed by the American Psychological Association and to adhere to all requirements relevant to their work.

[3] Note that these conditions are characteristic of "group fee practice" as well as institutional practice.

In the absence of standards designated by the APA, psychologists now in independent practice are forced to rely on their own judgment as to whether or not they are "qualified." Admittedly APA membership requirements are not designed to screen for professional competency. One solution to this dilemma would be for the APA to adopt the position that it would support the privilege of private practice for anyone "certified" or "licensed" by any state. An alternate solution would be for the APA to adopt the position of regarding as "qualified" for independent private practice only those psychologists certified in their specialty by the American Board of Examiners in Professional Psychology.

In spite of the inherent appeal of the "state's right" alternative, i.e., permitting each state to define "minimal standards for practice," the *ad hoc* Committee doubts the wisdom of recommending it as APA policy. A review of the present state laws regulating psychologists indicates that to do so would in effect put the APA in the awkward position of approving the "right to practice" of persons with minimal requirements as low as those for Associate membership in the APA. We do not believe that the Association should accept our recommendation supporting the privilege of private practice unless it also limits this privilege to persons of demonstrated superior qualifications. And although we did not state the qualifications we had in mind, seven of the eight original members of the committee were of the opinion that the proficiency requirements represented by the ABEPP diploma were appropriate for APA support of the principle of independent private practice.[4]

In general, it would appear that most state associations have formulated standards in such a manner as to make eligible for certification the majority of the psychologists in the state—even though a large majority of those eligible for certification have no desire to enter independent practice. For this group, certification constitutes a public recognition of status and it may serve a useful function in up-grading civil service standards. Working as they do in institutional settings, with the social controls provided, this larger group of psychologists might well be certified as "psychologists" on the basis of qualifications less stringent than appropriate for those wishing the endorsement of the profession as qualified to function independently, i.e., as "consulting psychologists." Implicit, then, in the committee's thinking, is the possibility of two-level certification: "Consulting Psychologist" at the level of the ABEPP diplomate and "Psychologist" at the level most appropriate to the local situation in each state at the time legislation is enacted. Persons qualified only at the "Psychologist" level would be expected to function either in institutional settings or, if in fee practice, in a setting providing similar social controls, e.g., in association with a "Consulting Psychologist" or as a member of the staff of a private hospital, clinic, or firm of consultants. After appropriate supervised experience in such settings, "Psychologists" could look forward to advancing to the status of "Consulting Psychologists." Control of the locus and nature of practice would be internal to the profession, i.e., on the basis of the ethical code rather than spelled out in the state certification law.

Two-level certification along the lines here suggested (or three-level, if a state's association wishes to certify also "Psychological Assistants") would seem to have the merit of denoting to the public those differences in professional competency which are of proper concern to the public and to the profession. Each state could utilize already existent ABEPP procedures for carrying out the complex, arduous, and expensive task of evaluating professional competence requisite for certification at the "Consulting Psychologist" level. Certification at the "Psychologist" or "Psychological Assistant" levels might well be based on standards and evaluation procedures established by the individual states.

Issue V. Should the APA take action with respect to pending legislation which would limit the application of psychological techniques by psychologists and by members of other professions?

Legislation affecting the activities of psychologists may be sponsored in states by groups other than psychologists. Such proposed legislation may or may not be conducive to the social utilization of psychological principles and techniques. The committee's report, therefore, included the recommendations that the APA adopt the policy of opposing legislative proposals which would establish unreasonable restrictions on the functions of psychologists or on the activities of members of other professions properly qualified to apply psycho-

[4] This opinion was incorporated in the final draft of the report as adopted by the Council of Representatives.

logical techniques. This policy recommendation is stated in its general form as:

Principle 6.

As an autonomous profession, psychology cannot accept limitations upon the freedom of thought and action of its members other than limitations imposed by its social responsibility and by considerations of public welfare. The profession must resist moves from any source to establish nonfunctional restraints on the behavior of psychologists whether in the role of teacher, researcher, administrator, or practitioner.

Specific application of the general principle to matters of legislation is stated as:

Principle 6.2.

Psychology as a profession will resist all attempts at restrictive legislation which promise to limit unduly or to abrogate the psychologist's opportunities to function as an independent professional person.

SUMMARY

The Report of the *Ad Hoc* Committee on Relations between Psychology and Other Professions includes a number of recommendations for APA policy with respect to legislation:

1. That the APA should support the activities of state associations to secure legislation appropriate for psychology.

2. That the APA should favor legislation which (*a*) provides for certifying persons whose training and experience qualify them to be called "psychologists" and (*b*) which limits the use of the name "psychologist" to persons so certified.

3. That the APA should oppose legislation which attempts (*a*) to specify the activities of a psychologist and (*b*) to limit these activities to persons designated as psychologists.

4. That the APA support the privilege of qualified psychologists to choose independent private practice as a mode of professional functioning but that this privilege be limited to persons who are "properly qualified."

5. That the APA oppose restrictive legislation which promises to limit unduly the appropriate functioning of psychologists in American society.

Ad Hoc COMMITTEE ON RELATIONS BETWEEN PSYCHOLOGY AND OTHER PROFESSIONS

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PROS AND CONS OF LEGISLATION FOR PSYCHOLOGISTS

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WHEN confronted with the possibilities of legislative action, psychologists have five major choices: they may attempt to amend presently existing laws which are restrictive; they may oppose the enactment of restrictive legislation initiated by others; they may seek the enactment of certification laws; they may seek the enactment of licensure laws; they may try to maintain the *status quo* in states where no special laws exist. In practice, there is little disagreement among psychologists concerning the first two of these choices, since virtually all agree that, where feasible, existing restrictive laws should be amended and new restrictive legislation opposed. In New York State, for example, where considerable differences of opinion among psychologists exist concerning what kind of legislation, if any, should be sponsored by the state psychological organizations, a solid front was quickly and vehemently shown when a restrictive change in the medical practice act was sponsored by medical interests; and this proposal was swiftly killed in the legislature.

The three practical issues confronting psychologists, therefore, are whether to sponsor (*a*) licensure, (*b*) certification, or (*c*) no legislation at all. Licensure, in a pure form, would give psychologists, and them alone, the right to engage in psychological practice. A licensing bill would therefore have to include a definition of what a psychologist is and does, and would forbid anyone who is not licensed from either calling himself a psychologist or practicing the things which a psychologist does. Legal certification (which is the only kind of certification that will be considered in this paper) forbids anyone who is not certified from calling himself a "certified psychologist," or from engaging in certain areas of psychological activity (e.g., as a school psychologist), but it does not generally forbid noncertified psychologists from practicing or from calling themselves psychologists. Being less restrictive than licensing, certification laws need never specifically define the function of psychologists, but may merely state what requirements they need fulfill in order to merit certification.

In between pure licensing and legal certification are several hybrid forms of legislation. The proposed bill passed by the New York State Legislature in 1952 but vetoed by Governor Dewey was a hybrid bill that was labeled a licensing bill but actually included many of the provisions—especially, the avoidance of precisely defining the term "psychologist"—normally included in a certification bill. It avoided this precise definition by asking for the licensing of individuals who call themselves psychologists and perform psychological functions, thus leaving the way open for individuals (such as social workers) who call themselves something else but some of whose functions overlap with those of psychologists. The recent Tennessee bill for the licensing of psychologists is also something of a hybrid bill in that it does not specifically bar nonpsychologists from engaging in activity that might be deemed to be of a psychological nature, but does ban the nonlicensed activity of any person who "shall hold himself out to the public as being engaged in the practice of psychology." Whereas, then, a pure certification bill only forbids an uncertified individual from calling himself a "certified psychologist," and a pure licensing bill forbids an unlicensed individual from practicing psychology no matter what he calls himself, a hybrid licensing bill (such as the Tennessee and the proposed New York bills) forbids an unlicensed individual from calling himself a "psychologist" or from saying that he is engaged in the practice of psychology.

The main pros and cons of psychologists' attempting to secure the enactment of licensing or certification laws in their local states, or to refrain from such attempts, will now be discussed under three main headings: (*a*) the protection of the public interest; (*b*) the effects of legislation on psychologists; and (*c*) the probabilities of succeeding in any legislative effort.

Protection of the public interest. In favor of *licensing* the following points have been presented by some psychologists: (*a*) Some law is needed to protect the public against quacks, and strict licensing laws offer the best protection of this sort. Under certification, unqualified individuals could still call themselves "psychologists" as long as they did not call themselves "certified psychologists." (*b*) The public is becoming more concerned about the problems of psychological quackery, and unless we pass licensing laws directed against unqualified practitioners, the public may question our reticence and may pass laws of which we would not approve. (*c*) Licensing rather than certification laws are needed because certification "enhances and in a sense legalizes the uncertified as well as the certified practitioner. In the absence of legislation, the quack may be presumed to be practicing only as long as there is no law. Certification legislation, however, legally states that he may practice even though he is denied the state's certificate of competence" (1, p. 652).

In favor of *legal certification* these points have been presented: (*a*) Licensing will actually protect the public little more than will certification, because if a bill to license psychologists is passed by a state legislature, quacks may still call themselves "personal counselors," "marriage counselors," etc., and thereby evade its provisions. (*b*) Certification will admittedly not abolish quackery but it will present to the public a group of well-qualified practitioners whom the public may then feel safe to consult.

In favor of *not attempting to get any law enacted* these points have been alleged: (*a*) Neither licensing nor certification will probably adequately protect the public from quacks, and our motives in saying that they will may be suspect. (*b*) If we really want to protect the public, we should concentrate on policing our own ranks and adopting and enforcing high standards of training and practice, rather than on obtaining legislation. (*c*) To control quackery in the field of human relations is not a problem for psychology alone but for all professions engaged in human relations. (*d*) Attempts to get rid of quackery by legislation may lead other groups, now regarded as flavored with quackery, to seek and perhaps get legislation to protect themselves from psychology and thus to enhance their position. (*e*) Licensing and certification laws, particularly the former, may prevent many competent psychotherapists or other practitioners who would not be able to meet the provisions of such laws but who are nonetheless offering valuable services to the public from practicing.

The effects of legislation on psychologists. In favor of *licensing* these arguments have been presented: (*a*) The best way for psychologists to establish themselves as an independent profession, and to gain maximum status and recognition from the public and from other professional people, is for them to be unequivocally licensed. (*b*) Licensing affords maximum legal recognition, and would help psychologists to obtain changes in tax regulations, jury-duty laws, and other laws that now ignore or discriminate against them. (*c*) Licensing offers psychologists maximum protection against inimical changes in medical practice acts or other restrictive actions initiated by other professional groups. (*d*) Licensing would encourage the raising of standards of psychological practice and the effecting of intrapsychological housecleaning much more than would certification. (*e*) The fact that psychiatrists and physicians have officially advocated that psychologists be certified rather than licensed shows that psychologists would obviously benefit more from licensing than certification. (*f*) Certification, even when viewed as a temporary expedient, will tend to perpetuate itself and to hinder the achievement, later, of more status-achieving licensing.

In favor of *certification* some psychologists have presented these arguments: (*a*) A licensing bill that would include a specific definition of what a psychologist is may tend to be more precise, definitive, and restrictive than the present state of changing function in psychology warrants. (*b*) Licensing would tend to deprive many competent psychologists of a livelihood while certification would enable them to continue to practice, though on a noncertified level. (*c*) Licensing, more than certification, will give other groups a greater incentive to attempt to pass restrictive legislation against psychologists. (*d*) Certification, even though a temporary expedient, would be concrete enough to offer psychologists some measure of status and would help raise standards of psychological practice. It would be a step that would reassure psychologists, quiet many of their fears, and help cement their ranks.

In favor of maintaining the *status quo* and *making no attempt* at legislation these arguments have been put forth: (*a*) Although legislation may give

additional status to licensed or certified psychologists, it will at the same time reduce the status of many psychologists who do not qualify for a license or legal certificate. (*b*) Both licensing and certification will tend to put some competent psychologists out of business. (*c*) To be legislated into a state of distinction or higher status is not satisfactory to many psychologists who would prefer to attain this higher level of distinction by showing what they and psychology can do rather than passing any law. (*d*) Instead of being raised by legislation, psychological standards may actually be lowered, since laws tend to include minimum standards and thus to lower the general level of competence in the field. (*e*) Raising psychological standards by legislation may lead to a tendency to keep raising them so high that the profession will eventually price itself out of the market, to its own and to the public's detriment. (*f*) Legislation does not give psychologists the right to practice their profession, since they normally have this right when no legislation whatever exists. Both licensing and certification actually take away the rights of certain psychologists, rather than adding to them. (*g*) Legislation per se does not seem likely to increase the perceived dignity and value of psychology which, in the long run, depend on performance—provided psychologists are free to perform.

The probabilities of succeeding in any legislative effort. Favoring *licensing* these points have been presented by some psychologists: (*a*) Assuming that, because of the opposition of other groups, licensing may be more difficult to obtain than certification, psychologists should not yield a just and desirable position merely because opposition to it exists. (*b*) Although licensing may be difficult to obtain, it should not prove to be impossible—as shown by the licensing of psychologists in some states and by the licensing of dentists, physiotherapists, osteopaths, and others, in spite of medical opposition. (*c*) Legal certification may well prejudice the possibility of later licensing, because state agencies and legislatures may be reluctant to help psychologists obtain licensing when they are already supposedly protected by certification. (*d*) Licensing bills for psychologists may be written in such a manner that they will not jeopardize the practice of other legitimate practitioners, such as social workers and vocational counselors; and psychologists may thereby enlist the aid of these other groups in presenting their bill to the legislature. (*e*) Any certification bills which organized medicine would actually support would inevitably limit the functions of psychologists, particularly in relation to psychotherapy. (*f*) Especially if psychologists obtain certification with the aid of organized medicine, they may be placed in the position of not being able to oppose restrictive legislation when medicine wants to pass such legislation.

In favor of *certification* these arguments have been presented: (*a*) In most states, because of medical and other opposition, it will be much easier and less expensive to pass a certification than a licensing bill. (*b*) Because psychologists cannot write a precise definition of psychology that would satisfy members of all allied professions, it would be easier to enlist the aid of these others for a certification law that would not attempt such a precise definition. (*c*) A knockdown, drag-out fight with medicine over a licensing law may do considerable harm to psychology and psychologists. (*d*) It may be easier to obtain licensing once certification has already been achieved.

In favor of attempting *no legislation* these points have been claimed: (*a*) It will be difficult and expensive, at the present time, to pass either licensing or certification bills in many states, and the possible advantages of passing such laws do not outweigh the difficulties involved in passing them. (*b*) Both licensing and certification laws would meet some opposition from psychologists themselves and would therefore not be easy to pass. (*c*) The longer psychologists delay in attempting any kind of legislation, the stronger they are becoming; eventually, they may be better able to obtain the kind of legislation they really want and need.

The foregoing are the main arguments in favor of licensing, of certification, and of making no attempts, at present, to pass any kind of legislation for psychologists. No attempt will be made to evaluate these arguments, as they are being presented for purposes of information and discussion. Psychologists in many of our states are now confronted with deciding what they will do or not do about legislation. It is hoped that this presentation of pros and cons will help them come to clearer and better decisions.

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PROBLEMS AND DEFINITIONS IN LEGISLATION

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LEGISLATION is a complex business. To deal effectively with its problems requires the clearest possible understandings. Yet, we are often confused and frustrated in these matters through the lack of clear, concise, and meaningful definitions by which we can communicate among ourselves, with other professions, or with the public we hope to serve. Semanticists, phenomenologists, and perceptionists tell us that what we believe governs our behavior. If this is so, we cannot afford to be confused about our meanings with respect to ourselves and our practices. This is particularly true in regard to legislation. Legislation based upon vague definitions or understandings could well have serious effects upon our profession for years to come.

In every state which has wrestled with the problems of legislation, the problem of defining our profession, its role, and methods is always a knotty one. It is difficult enough to find definitions that make communication possible with other professions or with state administrative officials. It is downright discouraging to achieve agreement outside the profession only to discover that the profession itself is not sure of its stand on the point in question. It becomes more and more apparent that we need closer examination of the words we use and clearer definitions of who we are and what we believe. Without a broad understanding of these problems among our membership, our difficulties in communicating with other professions or writing legislation will continue to frustrate and annoy us.

In this article we have attempted to examine some of the basic concepts and problems which seem most urgently in need of clearer definition. These are matters that seem to us to underlie many of our problems in dealing with other professions and in writing legislation. We have stated them here in the hope of stimulating debate and discussion. It seems to us that only out of much discussion can we hope to arrive at the common understandings and definitions we sorely need to solve our legislative problems.

PSYCHOLOGY, SCIENCE AND/OR PROFESSION?

Almost all of us will agree that psychology is a basic science of behavior. This it has been since its inception. Psychology as a profession, concerned with the applications of its findings to practical problems of human welfare, is a much newer concept, however. There are many psychologists who feel quite sincerely that it is a mistake for us to concern ourselves with the practical problems of professional service. As a result we are confronted with a serious division within our own ranks that produces failures of understanding among ourselves and confusion in dealing with others outside our profession.

Those who value the pure science aspects of psychology often view with alarm the tremendous growth of the professional applications of our science. With real humility our fundamental scientists feel some doubts as to the adequacy of our understandings to enter upon the responsibilities of applied action. They find themselves confronted with vast unsolved problems almost daily and are jealous that precious manpower should be drawn from the exploration of these problems. They are not deeply concerned with problems of social responsibility. Rather, they feel the greater contribution of our discipline can be made in producing ever better understanding of behavior, and they are content to leave the application of their findings to others. Psychology, to these scholars, is first and foremost a science. They see in the growth of psychology as a profession the possibility that scholarship and research may be sacrificed to the demands of practice with concomitant losses in prestige and support to basic science. These are honest concerns of people of good intent. That such concerns should result in occasional bitterness or scorn of their applied colleagues is deplorable but not incomprehensible.

On the other hand, the applied psychologists, it must be admitted, have not always recognized their fundamental debt to our basic science. They have sometimes behaved as though they were completely

self-sufficient and in their desire to "do something" about things have occasionally failed to value sufficiently the careful, serious study of their more theoretical colleagues. Their honest concern to contribute to the solution of our problems of human welfare and happiness, however, also deserves our appreciation and respect.

Psychologists, after all, are human even though one may occasionally have reason to doubt it. As human beings, they have a responsibility to contribute to the welfare of themselves and their fellows. If psychology is not to be an applied profession, then legislation need not concern us. It seems likely, however, that we are in the applied business to stay. Whether we like it or not, the pressing need to solve our problems of human interrelationships will not permit us to remain exclusively a laboratory science. If this is so, then it behooves us to accept the inevitable and get about the business of developing greater harmony within our own household. The problems of concern to one portion of our family must of necessity be the concerns of all of us. Applied psychology does not endanger pure science; it stimulates it, supports it, and immeasurably extends it. With the growth of applied psychology we have seen a concurrent growth of pure science. There are far more "pure" psychologists today than at any time in our history, although the past twenty years have been chiefly remarkable for the growth of our applied branches.

In dealing with agencies outside our own profession we cannot behave effectively if we are confused about our own self concepts. One cannot approach other professions or the legislators of our various states in doubt about whether we are a profession. One cannot say, "We need legislation because some of us *think* we are a profession!" Nor can we afford to be so divided among ourselves that we are forced to apologize for the lack of understanding of our own colleagues! Legislation is a problem affecting *all* psychology. To approach this problem effectively we need clear self concepts of ourselves as psychologists mutually interdependent and responsible to each other and to the larger society of which we are part.

WHAT IS A PSYCHOLOGIST?

A major problem in any attempt to write legislation is that of finding an effective definition of just what a psychologist is. The terms "psychology" and "psychologist" are terms in the public domain. They are household words in our society. Everyone has behaved and some have misbehaved. As a consequence, everyone has had some personal experience with human behavior and considers himself more or less a psychologist of sorts. Human behavior, the commodity with which the psychologist deals, is universal. It can never be made the exclusive prerogative of any profession any more than the right to grow plants can be made the exclusive prerogative of the farmer. Like the farmer, the psychologist has a special interest in his subject matter and special skills or experience to bring to it, but he will never be able to claim the field exclusively for his own.

In every state which has struggled with the problems of legislation, a major problem has been to find a satisfactory definition of a psychologist. Any attempt to define a psychologist on the basis of what he does, however, has invariably resulted in making psychologists of a lot of people who never thought of themselves as psychologists at all. Surprising as it may seem, some of them even feel pretty angry about this. Social workers, physicians, ministers, teachers, parents, personnel workers, anyone who deals with people, inevitably use many of the same kinds of techniques as the psychologist. It appears impossible to compose a definition of a psychologist on the basis of his functions which clearly differentiate him from other workers in the field of applied human relations. A psychologist might be defined as a person who does what everyone else does (deals with behavior), only presumably he does it better by reason of his training and experience. Such a definition is hardly adequate for legislative purposes, however.

A tremendous amount of time and study has been devoted to this problem in every state which has sought legislation. Obviously, there can be no control of a profession without some criteria to determine who is, and who is not, a legitimate member of that profession. Out of the experience of the various states, three criteria have come to be accepted with some modification for constructing a definition. They are as follows:

A person is a psychologist who:

1. professes to be a psychologist or in some manner holds himself out to be a psychologist.

2. applies psychological principles to human problems.

3. is possessed of certain minimum standards of training and experience.

A definition covering these three points seems effective in separating the psychologist from other professions in the field of human relations.

In addition to the problems of differentiating psychologists from other professional workers, psychology has an additional problem long since solved in other professions. Most other professions have specific terms for differentiating the practitioners in their ranks from the basic scientists. Psychology does not. Indeed, we have repeatedly resisted the separation of our scholars and our practitioners. Medicine distinguishes between its anatomists, physiologists, biochemists, and its physicians. Religion has its theologians and its ministers, priests, or rabbis. Social science differentiates between its scholarly sociologists and anthropologists and its practicing social workers. Each of these other professions has specific names by which to designate its scholars, researchers, theoreticians, and clearly differentiates them from those members of the profession engaged primarily in the application of knowledge.

Psychology, however, has no such clear designation. In our profession we use the same term, "psychologist," to designate the professor, statistician, administrator, clinician, counselor, personnel officer, or industrial consultant. This failure to distinguish the applied from the academic members of our profession creates much confusion in the minds of people outside our profession. It is difficult enough for the average layman to distinguish psychology from psychiatry. To the man in the street all psychologists are practitioners.

We need a descriptive label for our practitioners. The kind of training and experience required for the research psychologist or professor is not the same as that required for the psychotherapist, hospital diagnostician, or industrial consultant. The purpose of legislation is to designate qualified practitioners for the guidance and protection of the public. To do this effectively we need a term by which practitioners can be distinguished from their academic, research, or theoretically oriented colleagues. Not all psychologists are trained for practice. In the public interest we need to describe our qualified practitioners clearly and unmistakably.

Using the same term for both kinds of psychologists gets us into some strange predicaments. Legislation in several states now reserves the term "psychologist" for the practitioners. Having reserved the generic term "psychologist" for the practitioner, it becomes necessary to write in a clause permitting academic, teaching, research, or writing psychologists to call themselves "psychologists" even though they may not qualify under the bill. Thus, the academic, research psychologists find themselves in the strange position of being granted the right to use their historical designation only by sufferance under the law!

Legislation already passed and now in operation in various states provides for the following titles for practicing psychologists:

Psychologist—Tennessee
Certified psychologist—Connecticut
Psychological examiner—Tennessee
Certified clinical psychologist—Virginia
Applied psychologist—Georgia
Clinical psychologist—Kentucky

Bills under discussion during the past year provide for these additional titles: Qualified psychologist, Licensed psychologist, Consulting psychologist, Certified consulting psychologist, Psychometrician, and Psychological technician.

This is quite a list of titles considering the few states which have so far achieved legislation. One shudders to think what the list might be like if all forty-eight had licensing laws. Even more distressing is the thought of what would be required to change all these to some common terminology *after* enactment.

Further entanglements in our attempts at designating our practitioners are currently developing. There is a growing feeling in a number of states that legislation should establish a kind of second-class practitioner at less than a doctorate level of training. Tennessee, for example, licenses "psychologists" with the doctorate degree and "psychological examiners" at less than the doctorate level. Pennsylvania introduced a bill into their legislature this year that would have provided for the licensing of "psychological technicians." Other states have considered recognizing "psychometricians." We do not mean to argue here whether it is desirable to seek legislation at several levels of training and experience. What does concern us is the fact that each time one of these new titles is enacted into law, the problem of common definitions and common meanings in our profession becomes increasingly more difficult.

It is not a simple matter to change a law in any of our states. Once a law is enacted, it is a difficult, expensive, and time-consuming operation to get even a minor change in wording. To change the title of a licensed group is even more difficult once the administrative machinery for licensing has been established and licenses have begun to be issued. After that, any change in the law becomes exhaustingly complex because it means the recall of old licenses and the issuance of new ones. This is a serious problem and could conceivably get worse very rapidly. Our problems of definition are confusing enough as it is. We need to do all we can to avoid making them worse. We need a national policy as soon as possible to prevent further complications. Such a policy must particularly answer these questions:

1. Whether we should seek licensing on more than one level of competence.
2. If so, what titles should we recommend for common use in all states.

THE PROBLEM OF QUACKERY AND THE PUBLIC INTEREST

Whenever the question of legislation for psychology is raised, there is always a great deal of talk about quackery and the public interest. Like sin, everyone seems to be against quackery, just as everyone is for the public interest. Unfortunately, when the chips are down and something must be done about these problems, the concepts of quackery and the public interest sometimes get rather fuzzy around the edges or run the risk of becoming lost in competition with other factors.

We need to remind ourselves frequently in dealing with legislative problems that the only excuse for legislation of any sort is to *regulate and control for the common good*. The purpose of licensing is *not* to establish special privileges for a profession, but to protect the public from incompetence and to assure the public that professional persons have met certain minimum standards of efficiency as established in the licensing bill.

Legislators examining the desirability of licensing still another profession are likely to ask themselves three fundamental questions:

1. Is there a real and present danger to the public which the licensing of this profession would eliminate?
2. Are the definitions of the profession and its functions sufficiently precise as to obviate hurting the innocent?
3. Are the standards established for the profession realistic and acceptable to the profession and to the public?

The legislatures of every state have been bombarded in recent years with requests for licensing from hundreds of groups seeking special privilege under the law. In every state, each legislative session sees half a dozen new bills introduced to license some new group. So many groups have sought licensing in the past few years that legislators have become extremely skeptical about any group seeking licensure. They have seen licensure used too often as a neat device to produce a closed shop. The pattern goes something like this: A particular profession or trade seeks licensing "for the protection of the public." The legislature establishes the group as a licensed profession and thereafter licenses to practice are issued by a board of examiners made up of members of the profession. These examiners, either by intent or honest enthusiasm for their subject, quickly raise the standards for licensing or achieve the same end through constructing examinations more and more difficult to pass. Over a period of years this produces an exclusive club whose members manage to keep the practitioners of the profession in continual short supply. This is fine for the pocketbooks of the profession, but hardly in the public interest. The public, in fact, finds that its own laws, designed originally for the public welfare, have instead resulted in less service at greater cost.

There is at the present time a national movement to give careful study to the whole problem of licensure. Legislators have been burned so often that they are inclined to turn a jaundiced eye on any new proposal for licensing. This is the background in many states against which psychology must seek for licensing.

What is the danger from which licensing would protect the public? What do we mean by quackery? To what extent will licensing protect the public from quacks? We need to be clear on these matters lest we make the mistake of selling ourselves and others a bill of goods which we cannot deliver.

What do we mean by quackery? The definition of what constitutes quackery is comparatively easy

in the medical profession, where one need only demonstrate that a patient has been treated by an unlicensed person and has seriously suffered thereby. It is fairly straightforward and simple to determine whether or not the accused party *did* something to the patient. The determination of what constitutes quackery in the field of human relations, however, is a quite different matter.

In a human relationship, just when is a person harmed? How can you prove it? These are difficult questions to answer for the plain fact of the matter is that people are helped by the damndest things. Almost anything may help people to behave more effectively or to feel happier given the right circumstances. Who is to say that a particular idea taught to a client was an act of quackery, especially if the client swears it was helpful? Much of the business of human relations is carried on through no more than what one person says to another. It is doubtful if we shall ever seriously want to control such intercourse in a free, democratic society. The cure could well prove more fatal than the disease.

The psychologist has a stake in the control of quackery the same as any other citizen. As a professional worker in the field of human relations, he has an even greater interest in the elimination of fraudulent or dangerous practices. But he cannot be made wholly responsible for the control of quackery, nor should licensing for psychologists ever be expected to produce such control. Psychologists in New York State found themselves in just such an unfortunate position several years ago when the State Department of Education, responsible for the enforcement of licensing laws, attempted to use the psychologists' licensing bill for the control of quackery. For a number of years, certain questionable persons had been operating in the state as counselors, handwriting analysts, etc., and carrying on various forms of psychotherapy. A great many complaints had been received about such persons, but under the law there was no way in which they could be barred from practice. When the psychologists of the state suggested a licensing bill for their profession, therefore, it seemed to some persons in the state administration like an admirable opportunity to bring many of these questionable people within reach of state control. Accordingly, a bill to license psychologists was advanced which defined psychology in terms of what a psychologist does. The net effect of this bill was to make all the quacks "psychologists." The instant they counseled or advised with another person for a fee, they were automatically practicing psychology and were subject to fine or imprisonment for practicing without a license. Although this bill would have made all of the quacks into psychologists, it made practically everyone else a psychologist too! Members of the clergy, the legal profession, teachers, social workers, physicians, and many others did not seem to appreciate this signal honor and objected with great vehemence to the whole idea.

It seems clear that psychologists alone cannot and should not be expected to solve the problems of quackery in the field of human relations. Quackery in this field must be faced by all members of the human relations professions and cannot be made the responsibility of any one of them. Psychology operating alone can only be expected to assume the responsibility for control of members of its own profession. Licensing for psychologists will effectively control those quacks who call themselves "psychologists." This actually amounts to no control at all, however, since the moment licensing for psychologists is enacted, unqualified persons need only to change their names to "counselor," "adviser," or "human relations consultant" and go right on doing business at the same old stand.

It seems clear that licensing for psychologists cannot be justified on the grounds of controlling quackery in human relations. It can be justified to protect the good name of our profession and to assure the public of qualified assistance. These ends are in the public interest, but they are admittedly of considerably less impact as a reason for legislation. We ought not delude ourselves about this. With the present suspicions of our legislators concerning the good will of persons seeking licensing, we cannot afford to make claims we cannot sustain. If we do, we may only succeed in making ourselves appear to be naive, blind, or maliciously misleading.

THE DEFINITION OF STANDARDS

The heart of any licensing law lies in the definition of standards it establishes as minimum for licensing or certification. These standards must be defined in each state and will be governed in

large measure by the kind of legislation each state seeks. It is not the purpose of this article to suggest what standards for legislation *ought* to be. That is a specific problem which can only be defined by local organizations. We would, however, like to suggest three important criteria with respect to setting standards which need careful consideration.

Standards must be common to the profession. Whatever standards are adopted for purposes of licensing professional workers must be standards mutually agreeable within the profession. Standards written into law are a different matter from standards established in a university training program or those set up as goals by a national committee on training. Such standards are voluntary. Standards written into law restrict and prohibit. They establish penalties for violation and prevent, as well as license, practice. To avoid the unhappy situation of disfranchising members of our own profession, standards established for licensing must be common to the training or experience of all those people whom we hope to license whether they be clinicians, industrial psychologists, counselors, school psychologists, or whatever.

We have a number of unsolved problems in this area which need solution before we will be able to write standards for licensing in anything but broad and general terms. It is probable that the standards written into legislation can never be more than the least common denominator acceptable to the profession as a whole (except in certification bills).

Standards must be functionally related to effective practice. The purpose of licensing is the protection of the public through the establishment of minimum standards of practice. Licensing is concerned with professional service. The standards required for licensing the practitioner, then, must be standards having a functional relationship to the services he is licensed to render.

Unfortunately we have a great deal more feeling than fact about what training and experience are required for effective practice in our profession. Almost everyone has his private opinion about what kinds of standards are needed to engage in practice, but we have very little clear-cut evidence of what are really prerequisite to effective service. We need a great deal more systematic exploration of this problem. Meanwhile we need to examine the requirements we write into law with great care.

Psychology has traditionally been an academic and research science. It is a comparative newcomer to the field of professional practice. The training and experience formerly required to produce a distinguished scholar or researcher are not necessarily the same kinds of training and experience now required to produce an effective psychological practitioner. The PhD degree, for instance, has historically been a degree representing scholarly and research competence. There is considerable doubt in many university circles as to whether this degree is truly a functional requirement even for college teaching. Yet, this degree is now required for licensing practitioners in several of our states!

Similar questions could be raised about the functionality of other requirements of our current training programs. It would be rather difficult, for example, to make a very strong case for foreign languages, advanced statistics, or the traditional research dissertation as contributing significantly to the psychologist's skill in practice. We are currently committed to training students who are *both* scientists and practitioners. Whether the standards for training researchers can serve equally well as standards for licensing, however, is by no means a foregone conclusion. We need far better answers than we now possess. To require for licensing, standards which cannot be clearly related to effective practice runs the danger of being accused of establishing a "closed shop" profession.

Standards must be realistically in touch with the needs of the public. Since the only justification for licensing of any kind is the public interest, whatever standards are adopted for licensing our profession must be realistically related to public needs. Standards of training and experience must be high enough to assure that persons serving the public are competent people. At the same time, they must not be so high as to exclude from practice persons who fill real public needs. Public needs are going to be filled one way or another. A profession which establishes too high standards of training and experience for licensing may find itself in danger of pricing itself out of the market. This has already happened in one state in which the psychologists who wrote the job qualifications for a civil service position insisted on standards

completely out of line with the job to be done or the salaries that could be paid. As a result, the psychologists who could qualify were so well trained that they could not afford to accept the positions at the salary offered! Nobody took the examinations. The jobs still needed to be done, however, and several hundred jobs are now filled by persons with little or no training in psychology whatever.

What psychology cannot or will not supply to satisfy human needs will be sought from other professions whether we like it or not. The medical profession has been severely criticized for training too few physicians. Psychology should be certain it does not similarly fail to meet public needs by setting standards so high that it cannot fill the needs of society.

Some psychologists have seen licensing as a means by which we could raise the standards of our profession. This is not a legitimate reason for seeking legislation. It is just this attempt to raise standards by legislation that has caused legislators to look with a jaundiced eye on the whole problem of licensure. Raising standards by legislation is not in the public interest. In the long run, it is probably not in the profession's interest either. It is not the function of legislation to *lead* good practice. Like most other democratic institutions, our laws can only *follow* existing practices. Thus, standards for licensing must always be lower than existing practice. They represent a floor beneath which practice is not acceptable. The raising of standards is the profession's responsibility, not the legislature's.

EXCEPTION OF CERTIFICATION

What we have been saying in the above paragraphs applies primarily to legislation which attempts to restrict or control persons who claim to be psychologists. Many of the above points do not apply to legislation which certifies psychologists for practice but does not restrict people from practicing. In such certification legislation standards may be set as high as the profession pleases since no one is prevented from practice if he does not meet them.

THE USE OF MEDICALLY ORIENTED TERMS

A great deal of the confusion in our relationships with the medical profession and in our attempts to write legislation arises out of the fact that a large number of key words in our profession are words originally coined in the medical profession. Among these troublesome words are the following: clinical, mental illness, diagnosis, treatment, psychotherapy, prognosis, normal, abnormal, disease, maladjustment, mental health, and mental hygiene. As these words are used in our profession, they do not have quite the same meaning and connotations which they did in their original uses. Many physicians, however, do not understand this. Most of these terms have a long history of use in medicine. As a result, they have come to have more or less precise meanings in that profession and they have a feeling of belonging to medicine. Because these terms are so closely associated with the history of the medical profession, the psychologist's use of them is often confusing to the physician or appears as an unjustified liberty. From the medical man's point of view, it seems only logical that if the psychologist is going to do the things described by these medical terms, then he is practicing medicine and should be subject to the same controls and discipline as medicine or its adjunctive professions.

When words have had a long history of use in any connection, it is always difficult to change their meanings later. This is made even more difficult when the terms may be used in the old sense or the new in rapid succession. Even physicians have come to use these words quite outside the situations in which they were originally designed. Most of these words were originally designed for use in a biologically oriented discipline. Now, they are carried over for use in a socially oriented science where they do not have the same meanings. These changes in meaning, however, are not well understood and continue to cause difficulties in communication between professions.

In writing legislation, where the clarity of concepts is particularly important, these confused meanings cause numerous misunderstandings. Our profession has a pressing need for some clear, precise, and simple words of our own which express our meanings free from the contamination of earlier and different settings. Until we have developed such terms, we may do well to avoid medically oriented words whenever possible in attempting to design legislation. That was the gist of one legal opinion in New York State a year ago. It was

pointed out in this opinion that psychologists were probably better off omitting the words "diagnosis" and "psychotherapy" from legislation for the following reason:

> These words have a long history of use in the medical profession and to the layman they are associated with the practice of medicine. As a result, they are "prejudiced words" implying the practice of medicine. This could conceivably be important in a court action involving a question whether a psychologist were practicing medicine or psychology. By avoiding "prejudiced words" the court is forced to examine into and establish the meaning of a term each time afresh and untrammeled by existing meanings in other professions. The same argument could apply to other words employed in our profession. The argument is cogent and seems worthy of a good deal of consideration.

THE CONCEPT OF DISEASE

A great many of our problems in writing legislation and, particularly, in the relationship of clinical psychology to medicine and psychiatry seem to stem from the widespread confusion existing with respect to our concepts of disease, illness, and health. Many of the misunderstandings that occur in our relationships with medicine over such problems as the psychologist's role in psychotherapy, for example, can be traced directly to different concepts of illness in the two professions.

Historically, the concept of illness or disease has been associated with medicine where it has ordinarily referred to some disturbance or abnormality of bodily function. In the practice of medicine, it has traditionally referred to a biological or physiological morbidity. During the period when illness was conceived primarily as a biological problem, our legislatures granted to the medical profession exclusive responsibility for ministering to the sick. In those times, the medical profession unquestionably knew more about the diagnosis and treatment of bodily ailments than any other group. The public also needed assurance that its physicians were competent, and sought protection against fraudulent operations. It was a logical thing, therefore, to pass medical practices acts giving to the physicians the exclusive prerogative of dealing with illness and disease.

In more recent years, as medicine has expanded its conception of the well-being of its patients, the terms "illness" and "disease" have been extended to apply to any kind of disturbance whether physical, psychological, or social. With this extension of concepts, some members of the medical profession have sought to extend the exclusive prerogative of the physician to cover these vastly broadened areas. This has taken the form in some states of attempts to rewrite existing definitions of medical practice. Most definitions of medical practice grant to the physician the exclusive right to deal with physical illness or disease but do not specifically give the physician the right to practice in cases of mental or emotional disorder. Actually, physicians have always had such rights, but not exclusively. The extension of the medical practices acts into these new areas, however, would give physicians exclusive rights to deal with psychological or social problems as well.

Now, no one would wish to argue that the responsibility of the medical profession for the diagnosis and treatment of our physical ailments should be disturbed. It seems necessary to emphasize that the extension of the concept of illness or disease, however, does not warrant a concomitant extension of old responsibilities. Responsibility can only be vested in those with the requisite knowledge and experience to deal with problems. There can be no question that the physician has this knowledge and experience in our old definitions of illness. There is a serious question whether medical training adequately prepares the physician to deal with the "something new" which "has been added" to the old concept of illness. The expansion of our concept of transportation to include flying as well as automobile driving did not automatically make pilots out of car drivers. Physicians can learn to operate effectively in this new area like anyone else, by study and experience. To assume that training and experience designed for one purpose adequately meet another, however, is dangerous.

Psychological adjustment or maladjustment is not the same kind of concept as the traditional concepts of illness or health, although these meanings sometimes overlap. Illness from the medical view is something the physician diagnoses, which is comparatively concrete and objective. It can be determined with respect to fairly definite and observable criteria with which other observers will agree. Even its causes can often be isolated and examined with precision and exactness. Psychological adjustment, on the other hand, has no such precision. Whether people are adjusted or maladjusted is not a concrete, objectively observable

phenomenon but a cultural matter of a "more or less" character, rather than "yes or no." What is adjustment in one group is not in another. Indeed, it is even possible for a person to be desperately unhappy or "maladjusted" in his own eyes while behaving quite acceptably in the eyes of society. Adjustment or maladjustment is not so much a biological problem as a social or moral problem of values, thinking, believing, or perceiving. As such, it can never be defined so as to become the prerogative of any existing group of practitioners.

The terms "illness," "sick," "health," "hygiene" and their further differentiations are prejudiced words. Having grown up in the science of medicine, they carry medical connotations in spite of the intent of the speaker. Their use in defining the functions of our profession produces misunderstanding and confusion. It seems likely we would be well advised to avoid their use altogether in writing legislation and attempt to express our meanings through our own terminology or by the use of words having less strongly established interpretations.

WHAT IS PSYCHOTHERAPY?

No problem in licensing has proven to be a greater bone of contention than the matter of psychotherapy. Although everyone has his own private opinion of what psychotherapy is, no one has yet come forward with a definition of psychotherapy sufficiently precise to stand in a court of law. Like many of our common terms in clinical psychology, the term "psychotherapy" has come to us from the practice of medicine and is often regarded by some members of that profession as a kind of private preserve. In our own profession we have a number of schools of psychotherapy but nowhere a usable definition.

As originally used in medicine, the term "therapy" implied a situation in which the doctor did something to or for his patient. The patient came to the doctor because the doctor "knew." He expected the physician to know more about his complaint than he did himself. The relationship was one in which the doctor who knew did something to the patient who did not. This relationship works well in connection with many physical complaints. In psychotherapy, however, the problem is often quite the reverse; the patient is the one who knows and the therapist is the one who does not! One can cut out an appendix, give an injection, or prescribe a drug directly and personally with some degree of assurance and control over the outcome of such acts. In the abstract subject matter of psychotherapy, however, this is not so neatly possible. Change in behavior of the client can only occur through some change in his thinking, feeling, or believing and these are only indirectly open to manipulation by the therapist.

Attempts to define psychotherapy on the basis of what is done to the client universally fail. The embarrassing fact is that almost anything that is done to another person may be helpful or harmful, and we are unable to predict with much exactness which effect will ensue. All methods work with some people, some times. We do not seem to be far enough along in our understandings of behavior to define with much accuracy what is good for people.

Psychotherapy is not so much a doing something to a client as providing a kind of relationship or situation for a client in which he can do something to himself. Most psychotherapists agree, whatever school they adhere to, that the essence of psychotherapy is a relationship. This relationship is differently defined from one school to another, but all schools seem to agree that the basis of psychotherapy is a particular kind of personal relationship between therapist and client. Indeed, good therapists from different schools are more alike in their practices than beginning therapists in the same discipline.

The purpose of this "therapeutic relationship" is to assist the client to a more effective and satisfying way of life for himself and those about him. This means that psychotherapy is essentially a teaching relationship or, if one prefers it so, a situation designed to help a client learn. Psychotherapy is, then, a learning situation in which a therapist seeks to help his client to explore and discover a better way of life. Interestingly enough, this is exactly what education attempts to do, too. Education also seeks through a relationship between teacher and student to assist the pupil to find a better way of life. It is extremely difficult to effectively separate individual therapy from group therapy or group therapy from education. To do this with the degree of exactitude required for inclusion in a licensing law seems clearly impossible.

Many psychologists feel it is extremely important that the term "psychotherapy" should be written into any licensing law, feeling that this would assure the right of the psychologist to do psychotherapy. They feel inclusion of psychotherapy as a stated function of a psychologist and written into a licensing law would be public acknowledgment that psychotherapy is a legitimate function of psychology and would, at the same time, forestall the attempts of certain other professions to establish psychotherapy as an exclusive prerogative. This seems like a wise move when it is possible but is not really essential in view of the impossibility of defining psychotherapy. The difficulty of writing a legally workable definition of psychotherapy is a great frustration, but it is also our best protection against the possibility of restricting action by another profession. Psychotherapy cannot be restricted to any group in the absence of a clear and enforceable definition. Frustrating as it may be to some that we cannot write a precise definition, it is a comfort to know that others can't either. So long as we cannot write a definition which identifies us clearly from the rest of the citizens of our society, we cannot be picked out as the subject of special attack. It is a little annoying to lose one's identity, but a great comfort to be an American citizen.

Though we are unable to adequately separate counseling from psychotherapy, or group therapy from education, nevertheless we have not hesitated as a profession to recommend that the study of psychotherapy is properly a postdoctoral problem! This in spite of the fact that some schools of education now teach play therapy to their undergraduates. It is probably possible for us to set up standards of training and experience for persons aspiring to a particular kind of psychotherapy, such as client-centered therapy or psychoanalysis. This is possible because these schools have crystallized their conceptions and methods of approach to psychotherapy. It is difficult to see how we can justify the establishment of standards of training and experience for psychotherapy generally in the absence of a clear definition of the kind of psychotherapy we are talking about.

THE PUBLIC RESPONSIBILITY OF OUR PROFESSION

A profession seeking licensing for its membership is asking of its legislature three things: (*a*) a grant of special privileges to the profession; (*b*) the right to create a new kind of crime, to make of certain acts a felony punishable by fine or imprisonment; (*c*) the right to decide for the public what is in the public interest by means of the standards for licensing it establishes.

These are not matters to be taken lightly. The profession which assumes these privileges assumes at the same time the responsibilities which go with them. A profession seeking licensing needs to do a great deal of soul searching. Its motives must be clear and unambiguous and its concepts as exact and precise as they can be made.

We need a great deal of clear thinking and critical discussion about all of our problems of legislation. We need to recognize very clearly that legislation is the responsibility of all our profession, scholars and practitioners alike. The problems and responsibilities of licensing call for the maximum use of the very best heads we have. Secondly, we need to examine and discuss at every opportunity the concepts upon which our licensing efforts are based. These are not simple problems and their ramifications extend far beyond today's boundaries. We cannot afford to become the prisoners of our own fuzzy thinking or the victims of our own astigmatism. We need the clearest possible vision we can muster to assure that decisions made in licensing are truly in line with public interest, on the one hand, while supplying maximum room for our own growth and development, on the other.

Finally, we need to clarify our concepts in order to be able to communicate within our profession and outside our profession with the public, and with our respected colleagues in adjunctive professions. Communication, however, is the responsibility of the communicator, not the "communicatee"! If we are unclear as to our concepts or naive in our understanding of problems, we shall almost certainly earn the impatience and disrespect of those with whom we most need to communicate. The discussion of problems and concepts in this article is by no means exhaustive or accurate. The intent has been to raise problems rather than settle them. Our problems are not insoluble, but the more persons whom we can induce to tackle them, the more quickly we are likely to come to solutions mutually enhancing to the public interest and the advancement of our own profession.

SOME LEGISLATIVE AND LEGAL PROBLEMS OF PSYCHOLOGISTS

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AS psychologists flood over from laboratories and classrooms into private offices, medical institutions, and other organizations, many legislative and legal problems confront them acutely for the first time. The arena into which counseling and clinical psychologists particularly are moving is governed to a much larger extent by broad social policies expressed through laws, institutions, and organizations, than psychologists have encountered in the past. Laws already passed, interpreted, and enforced on behalf of the general public and other professions are newly discovered to apply to these booming fields of psychology. As a result, the need grows for distinctive legislation both to modify the legal *status quo* now affecting, though not originally intended for, our profession; to help bulwark our profession and the general public against malpractice; and to provide for the highest possible standards of psychological practice.

This article will attempt to place our present problems of legal recognition in the perspective of the history of occupational licensing generally, to discuss the most important areas of contact with other occupational legislation, and to suggest the nature of certain other legal problems with which we are becoming most involved. With no pretensions at being comprehensive or original, a review will be made of some laws and court decisions affecting psychologists.

OCCUPATIONAL LEGISLATION IN THE UNITED STATES

Along with the many other birthpangs of becoming a useful, socially responsible organized profession, psychology is now faced with the problem of legislative recognition and control. In the main, this problem so far has been subject to our own control. We have been actively seeking status and control of standards, rather than primarily reacting to the threat of quackery or of controls suggested by others, and it is this aggressive action that seems to bother a thoughtful group in our profession. Our action, they fear, may be premature and provoke strong reaction against us when we are poorly prepared to cope with it. Action now, they say, stems from a desire for self-aggrandizement which does not square with the insight and forbearance of mature behavior. We are asked to defer immediate satisfactions in favor of the better legislation which can be sought when our practices and standards are better crystallized, when our experience with existing varieties of legislation is richer, when our interprofessional relationships have developed clearer and more satisfactory forms.

This conflict, between what the state organizations actually are doing and what some psychologists are warning against, is not new in psychology nor in the development of other professions. The discussion of legislation by state psychological organizations had gone on for many years before it burst forth in the late forties and early fifties in a plethora of legislative discussion, proposals, and laws. It is hazardous to try to state exactly in any one month how many state legislatures have passed or are considering laws regulating the practice of psychology. Perhaps the flood has reached its crest; perhaps the critics of present legislative efforts are right. The history of occupational legislation in the United States suggests, however, with rare exceptions, that state legislation once it is under way grows stronger as organization strength increases, wanes only as usefulness of professional practices or structure to society declines, and extends eventually to most states.

Practically always, a profession seeks legislative recognition in the name of the public interest though legislators often suspect it is mainly for private advantage. Aptly put, "This apparent contradiction, of course, is characteristic of the unending effort in a democracy to reconcile freedom and regulation, private interests, and the public interest. . . . A danger in modern democracy is the

[1] Chairman of CSPA Legislative Committee, 1952–53.

threat of overthrowing the equilibrium either by excessive emphasis on governmental regulation on the one hand or by the irresponsibility and inequalities of completely unregulated freedom on the other hand" (6, p. 1).

At least 75 different professions are now controlled in some way by the 48 states. There is an average of 25 occupational control laws per state, covering such groups as guide-dog trainers and horseshoers, as well as better-known ones. Psychology seems late in the parade and perhaps more sensitive to its motivations than the other occupational groups.

The following outline of the history and problems of state occupational legislation has been summarized from (6):

The Council of State Governments lists these accepted governmental responsibilities as reasons for occupational legislation:

a. to insure adequate competence among those serving the public;
b. to protect the public from dishonest practices;
c. to protect life, property, and public security;
d. to provide efficient avenues for redress of grievances against malpractice;
e. to see that high standards are maintained and advanced.

The criticisms of the effects, perhaps at times even purposes, of the legislation are that:

a. they may unduly restrict entrance into the occupation;
b. they may restrict competition and, in effect, artificially raise the prices;
c. they may incorporate the particular interests of private associations into administrative regulations, giving the status of public law to private rules;
d. they may inhibit the development of new techniques which are in the public interest.

Licensing has been generally used by the state legislatures and upheld by the courts as an effective method of regulating occupations to protect the public interest. The courts have been lately devoting themselves mainly to defining boundaries between occupations and in reviewing administrative decisions of licensing agencies.

In the Middle Ages the guilds of merchants and craftsmen were paralleled by professional associations which emerged with secularization. Apparently they were fairly effective in controlling their occupational fields and obtaining legislative sanction for their rules. The guild system generally broke down under the impact of the commercial revolution, rationalism, and laissez faire movements, but the professional guilds continued to maintain themselves.

These professional associations did not transfer, however, from Europe and England to America. The university training that had been their base in the Old World was succeeded here by the apprenticeship system. Lawyers were regulated from early colonial days, but legislation governing physicians did not come until medical societies were organized and sought it toward the end of the eighteenth century.

Not until the nineteenth century did the concept of the modern professional association expand from law and medicine to established and new occupations alike, under the impact of technological progress and social revolution. But while the associations grew, the legal power of the professions to examine and license met with a reaction in the first half of the nineteenth century. Not only did regulatory legislation fail to expand but practically all existing restrictions on the practice of medicine and law were actually repealed. Free enterprise had become the prevailing mood, and new frontiers demanded more practitioners quickly.

By 1900 the professional associations themselves had brought more stability to the training, ethics, and practices of their members, and the pattern of state regulation began to take its present shape. The first quarter of this century saw the greatest expansion in licensing statutes, while more recent years have seen trends toward centralization of licensing in single organizations, compulsory licensing instead of optional certification, the raising of qualifications, and the inclusion of ever more occupations.

About three-fourths of all occupational licensing statutes require that all board members be licensed practitioners in the field being regulated. The exceptions consist mainly of fields regulated by boards whose members are higher in the occupational hierarchy, as dental hygienists licensed by dental boards. There is little legislative or executive control of boards. Few have public members.

Common provisions of occupational licensing laws cover (*a*) examination, (*b*) issuance of license, (*c*) withdrawal of license, which courts have held is a property right which can be revoked only after fair hearings, (*d*) enforcement, generally only after complaints, and (*e*) approval and supervision of schools.

Examinations, commonly prepared and graded by individual board members, are required in most states. National examinations are growing in use and are already strong in accounting, medicine, dentistry, and nursing. "There is much dissatisfaction with the examining process as it is conducted by most licensing boards," often on the basis of the irrelevance of the material to important applied situations. While qualifications in the better established occupations are similar from one state to another, others vary widely and reflect primarily intraprofessional disagreement. Reciprocity depends mainly upon uniformity of requirements; to forestall national intervention to reduce interstate barriers, leaders in many occupations have worked to facilitate reciprocity among the states.

Criteria suggested for deciding whether legislative regulation is desirable are twofold—professional and public welfare. They include (*a*) that the profession be a specific socially necessary one, requiring special known competences and knowledge, and including a formal association setting its own standards; (*b*) that it be distinguished from other associations in directly affecting the public health, safety, morals, or general welfare. Voluntary certification seems sufficient when the public welfare is not threatened.

LEGISLATIVE RECOGNITION OF PSYCHOLOGY

The years of consideration and debate that preceded the passage of the present psychological legislation are belied by the recency of the passage of the first law. Connecticut passed the first law in 1945, Virginia followed in 1946, Kentucky in 1950, Georgia and Minnesota in 1951, and Maine and Tennessee in 1953. Four provide for certification, three for licensing. In addition, Oklahoma regulates psychologists in its medical legislation.

Psychology is one of the latest of the recognized professions to enter the legislative field, and is in about the same stage of state coverage as the optical, watchmaking, and physical therapy occupations. It is encountering the advantages of precedent and stability in regulatory practices generally as well as disadvantages of public unconcern with the subject, some irradiated reaction really directed against occupational groups seeking legislative recognition which are of dubious importance to the public health or welfare, and the jealous prerogative-guarding of already licensed groups.

In a recent survey conducted by Stanley S. Marzolf for the Legislative Committee of the Conference of State Psychological Associations, 13 states, besides the 7 having laws already, said they were working on psychological legislation. A number have introduced laws into their legislatures. State psychological associations have so far voted 21 to 0 in favor of a resolution urging the APA and CSPA to extend all possible aid to state associations seeking legislation to accredit psychologists, whenever necessary to protect the public interest.

Since several major legislature attempts have been defeated, however, and medical opposition is becoming increasingly mobilized, perhaps there will be no flood of new laws. A more gradual process seems likely until public pressure mounts or medical opposition lessens. This relatively quiet period provides good opportunity to consider professional and public needs to be met by legislation, and the best specific forms for the legislation to take. Unless there is some national-level perspective, guidance, and pooling of effort soon, it seems likely that psychology will find itself in several years—if not already—with an unwieldy variety of state legislation which confuses the public about standards of qualification and practice. At such a time, direct national intervention by public or professional groups might well be both more necessary and more difficult.

LEGAL RELATIONSHIPS TO MEDICINE

Legislation of other occupational groups, which affect the practice of psychology, is also of considerable importance here. The main point of contact psychology has with existing legislation is with medical licensure laws. In 27 states, medical legislation specifically applies, or has been interpreted by courts to apply, to the treatment of both mental and physical afflictions.[1] In 9 others, restrictions on who may treat "diseases," or similarly broad terms, may or may not be considered applicable to both mental and physical conditions.[2] Twelve states have medical licensing laws which are specifically inapplicable either to the treatment of mental ailments or to the use of mental means of treatment (2).[3] The Minnesota medical licensing law states, for example, "Provided this section shall not apply to . . . persons who endeavor to prevent or cure disease or suffering exclusively by mental or spiritual means or by prayer."

The ranks of the 27 states presumably barring mental treatment to groups not licensed under medical practice laws and the 9 "doubtful" states should probably be reduced by those states which now have legislation giving recognition to psychology. This makes the treatment of mental conditions or the use of mental treatment by psychologists likely to be compatible with medical legislation in 16 states, likely to require new legislation or court action for psychologists to clarify their entitlement to practice psychotherapy in 25 states, and of unknown status in 7 states.

In their review, Beutel and Rice summarize the situation of the psychologist in relation to medical licensing legislation this way: " . . . it seems evident that no statute defines with clarity the type of mental afflictions which licensed physicians alone may treat. Indeed, the absence of reported decisions regarding the unauthorized treatment of mental afflictions may be contrasted with the assiduous efforts of law enforcement agencies in

[1] Calif., Colo., Del., Ga., Idaho, Ill., Ind., Iowa, Kans., La., Md., Mich., Miss., Mo., Mont., Nebr., Nev., N. H., N. M., N. D., Ore., R. I., S. C., Tex., Utah, Va., Wyo.

[2] Ala., Fla., N. Y., Pa., Vt., Ariz., Conn., Ky., W. Va. (also D. C., Hawaii, and Alaska).

[3] Maine, Mass., Ark., Minn., Ohio, Tenn., Okla., S. D., Wash., N. J., N. C., Wis.

prosecuting masseurs, beauticians, and spiritual healers whose services were believed to constitute the treatment of physical afflictions" (2, p. 478).

Basic science statutes of at least Arkansas, Oklahoma, Tennessee, and South Dakota have wider applicability than the medical licensure laws of those states, and bring into question the applicability of the term "healing art" to psychotherapy. Florida, Colorado, Kansas, Michigan, and Texas include treatment of "abnormal . . . mental conditions" under their basic science statutes. Oklahoma law, in an original way, forbids the treatment of human ills except by a person practicing pursuant to his license. Since psychotherapy is not specifically licensed, it may be held either that no one can practice psychotherapy, or that a license for any occupation may permit the licensee to practice psychotherapy (2).

While the above discussion of medical legislation bears primarily on the work of clinical psychologists who do psychotherapy, it also has implications for other psychologists. In its *Newsletter* of November, 1952, the American Psychiatric Association states, "The therapeutic procedures used by a psychiatrist include . . . occupational and recreational therapy. . . . The selection of appropriate methods of treatment for an individual patient depends upon proper differential diagnostic evaluation initially and during the course of treatment. This demands a broad medical and differential background." This medical organization may even question the legal status of psychologists unsupervised by physicians doing, for example, occupational, educational, or marriage counseling with persons suffering from nervous or mental disorders.

STATUS OF EXPERT TESTIMONY

All psychologists are further affected by legal decisions governing the giving of expert testimony. In most states, apparently, only physicians are permitted to render a direct expert opinion of sanity or psychosis in a person, although a psychologist can usually present technical evidence, and can give an opinion like any nonexpert layman can. Specific opinions or data as an expert on mental or emotional disorders can sometimes be given by the psychologist under specific provisions of laws governing such determinations as sterilization and adoption.

The limitations on expert testimony by psychologists are not immutable, however. The courts constantly modify their rules in reacting to newly accepted tools and knowledge of the sciences. The criteria for acceptance are primarily the proofs of validity and acceptance by a profession, as adjudged by the courts. Presumably if our psychological tools have sufficient dependability and accuracy for the present legal determination of mental disorder, we will find the courts ready to listen to our plea for stronger status for our findings. The next step then (or now, perhaps) is for us to set about as effectively as possible to present our case to the courts through our professional organizations entering relevant court cases as friends of the court to enlighten it regarding our contribution (4).

PRIVILEGED COMMUNICATION, MALPRACTICE, AND LIBEL

Privileged communication is another legal issue of increasing importance to psychologists. The sanctity of the attorney-client relationship was apparently the first professional one to be widely accepted legally, and goes far back in the common law of England. It grew out of court decisions rather than legislation. Similarly, the clergy-parishioner relationship found protection from the courts without legislation. While both lawyers and ministers established their professional privilege of confidential communication by withstanding court pressures, physicians did it through both court action and legislation (4).

The grounds for the privilege were and are always the same, the necessity that the client's revelations be treated completely confidentially if they are to be adequate for the practitioner to be able to help him. The privilege belongs exclusively to the client and extends only to the practitioner he has engaged. It does not apply to his relationship with an expert of the court or to the professional person of an opposing side in court to whom he may voluntarily submit for examination. Nor is it unlimited in his relationship even to his own physician, who must report gunshot wounds to proper authorities, for example, or to his attorney who may have to reveal his intention to commit a crime (4).

The liability of psychologists to suits for malpractice also is attracting increasing attention, par-

ticularly among clinical psychologists in private practice (1). The liability also extends to institutional employees in city, state, and federal service although they may receive some special protection from their organizational status. Psychiatrists generally obtain their malpractice insurance in the same way, and at the same cost, as physicians, despite a much lower rate of suits, and it seems likely that clinical psychologists can obtain low rates. It would seem a most useful step for the APA to sponsor a survey of all cases of lawsuits involving psychotherapists to see what basis professional anxieties in this regard—and proposed rates —have in the reality of past experience.

Suits for libel could cause more difficulties than those for malpractice. Libel laws have clear and well-founded application to the kind of information psychologists often speculate about regarding their clients, although the extent of damages may be hard to prove. A businessman who dictated a libel to his secretary has been successfully sued, and anyone coming to know any privileged communication of a client is subject to the laws governing libel (4). Think then of the implications of a psychologist who tells a colleague not associated with him on the case or a secretary that Mr. So-and-So is probably a sexual deviate on the basis of a test score with a validity of say .60. Fortunately our development of a code of ethics has pinpointed the problem and suggested the solution.

There are many areas of law other than those discussed above which affect psychological practices. An attempt has been made here to cover the more important and obvious of these contact points. Other peripheral points can be suggested, while many more will develop as we grow in professional competence and social usefulness. The privileges accorded other professions are just now beginning to be extended to psychology, client tax deductions being an important example. Many others, such as exemption from jury duty,[4] appointments to governmental boards and committees, and status on governmental boards and committees, grow slowly as a combination of what the public spontaneously accords to us for our services, and what we get for ourselves. Other professions besides medicine may feel threatened by our growth and extensions, like optometry, which in some cases limits our use of visual tests.

[4] The author recently tried to devote himself to this duty of citizenship but wasted two weeks being excused from panels because defense attorneys assumed he would be unduly sympathetic to plaintiffs.

SUMMARY AND CONCLUSIONS

The history of occupational legislation is impressive in its close relationship to social structure and needs. Psychology now is just one of many professions finding state legislation the most convenient and serviceable instrument for protecting both the public and the profession against malpractice and for improving standards of practice. There may be better ways of achieving these goals, but if there are, we will have to pioneer them.

The danger of just letting state legislation grow as it may is twofold: the public may become more confused about our practices and standards, and the profession may be setting present divergencies and standards in various molds which will be difficult but necessary to standardize later on. Eventually, uniformity in state legislation has had to be sought by other professions. We can avoid considerable difficulty later by foresight and some attempt at coordination now, perhaps through the medium of a joint APA–CSPA committee attempting to set effective minimum national standards. State organizations as such must be brought into the planning to make effective the present relatively uncoordinated efforts of various APA committees, and the activities of state groups which are setting the basic legal pattern. The experience of the various state associations in seeking and administering legislation is now being summarized by the CSPA Committee on Legislation. Agreement on recommendations for good legal form and on good professional practices and standards should be possible within a broad and flexible framework which would not threaten the independence of individual state associations.

The major obstacle to state legislation now is the opposition of medical groups. The individual states differ greatly in the legal limitations imposed on the practice of counseling and psychotherapy and in the present attitude of their medical organizations toward psychologists. Whether we can develop generally amicable interprofessional relations, or whether we will have openly to fight strong set opposition throughout the country is a moot question now (5).

Many state medical laws already on the books, but not enforced, may limit the present practice of counseling and psychotherapy by psychologists.

Without positive legislation giving recognition to psychologists and their activities, the negative provisions of existing laws will remain a potent threat to psychologists using "mental" treatment or counseling with persons having "nervous" disorders. Court action and decisions could resolve the issue, but the direct involvement of the medical profession with its present legislation seems likely to make the procedure costly, drawn-out, and not readily resolvable. In this area, legislation would seem to be the more efficient and economical procedure, using a definition of psychology, perhaps something like the New York legislation attempted (3).

The psychologist's right to privileged communication, on the other hand, may well be more efficiently established through court decision than legislation. Then, if court decisions and appeals were adverse, legislation could be sought. Court action in this area should threaten no other professions and has ample precedent as a mode of establishing the privilege. It would be opposed perhaps only by the legal profession which is generally against procedures that lead to the suppression of evidence.

Psychologists need to become acquainted with existing libel and malpractice laws and rulings. Certain legal precedents should affect the way we do things such as maintaining records or recording treatment. Additionally, of course, the newly developed APA code of ethics becomes an essential professional guide and protection, which there must be professional machinery to enforce, and which will then also give us added legal strength in courts.

SUGGESTIONS FOR A LEGAL PROGRAM

1. That a joint APA–CSPA committee be formed to work as closely as possible with all state psychological associations in trying to develop minimum and guiding standards for state legislation.

2. That when state legislation is sought, it attempt to clarify the practice of counseling and psychotherapy in relation to the provisions of the medical laws of the particular state involved which govern "mental" treatment or the treatment of "mental" patients.

3. That the state psychological associations, and perhaps the APA, be prepared to enter into appropriate cases as friends of the courts, to attempt to establish the psychologist's right to privileged communication and to give certain kinds of expert testimony.

4. That the APA sponsor a survey of the scope and implications for psychologists of existing libel and malpractice laws and decisions, and relate them to legally strong and ethical behavior.

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HOW MANY PSYCHOLOGISTS WILL BE AFFECTED BY LEGISLATION?

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CERTAINLY a relevant factor in consideration of the desirability of legislative action by psychologists is the number of psychologists who are most likely to be affected directly by such legislation. There are serious difficulties involved in estimating the representativeness of the samples and the accuracy of the data in most of the reports at hand. They constitute, nevertheless, the best information on which to proceed.

Most of the discussion of legislation has been in connection with clinical psychologists, particularly those engaged in psychotherapy. It is important to recognize, however, that many of the same problems of uncertain legal status and unclear relationships to other professions arise in other applied areas. Thus, the number of people in industrial and in academic service positions is also relevant.

One source of information is the preliminary analysis of the questionnaire sent out jointly by the APA Central Office and the National Scientific Register (4). Questionnaires were sent to the 8,600 members of the APA in 1951 and replies were received from 80 per cent. Analysis to date indicates that the sample has no systematic bias. Sanford reports some figures which bear on the training of individuals most likely to be involved by legislative action. While only 22 per cent of the teachers are without the PhD, nearly two-thirds of those employed in nonfederal hospitals and clinics, two-thirds of those in school systems, nearly half of those employed by business and industry, and over one-third of those in private clinical practice have no degree beyond the master's. Of the approximately 4,000 members of the APA who report themselves as clinical psychologists, 3,000 work outside academic settings, most of them in clinics or hospitals. Of the 4,000, 300 are in private practice. This is about 4 per cent of those responding. About 46 per cent of the clinicians have the PhD. Of those without the PhD, 70 per cent say they plan to get it.

The report of the Committee on Psychotherapy of Division 12 provides us with one approximation of the extent to which members of the APA are involved in psychotherapy or counseling or both (2). The committee sent a questionnaire to all members of the APA in 1948, asking whether they were engaged in psychotherapy only, counseling only, or both. There were replies from 64 per cent of the membership, and of these 69 per cent gave one or more affirmative answers. A more detailed questionnaire was sent to those who responded affirmatively one or more times. Fifty-five per cent of those who were sent the second questionnaire replied. The data presented in Tables 1–4 come from this second sample. The results are given for the total group of 1,302 respondents and separately for a therapy group of 662, comprised of those respondents who devote 20 per cent or more of their time to psychotherapy or counseling.

TABLE 1

Principal place of employment of therapy group and total group

Place	Therapy Group		Total Group	
	N	%	*N*	%
Private practice	44	7	73	6
University	164	25	478	36
Private hospital	36	5	36	3
Mental hygiene or child guidance clinic (non-VA)	65	10	94	7
School system	34	5	75	6
VA installation	112	17	169	13
Vocational guidance bureau	25	4	37	3
Not classified	192	29	347	26

Clower's survey (1) on the geographical distribution of the membership of the APA in 1950, together with a type of occupational breakdown, provides additional data. He reports 2.86 per cent of APA members are engaged in private practice. This figure corresponds closely to the extrapolated

TABLE 2

*Highest degree held by therapy group and total group**

Degree	Therapy Group		Total Group	
	N	%	*N*	%
AB, BS	23	4	35	3
AM, MS	276	42	459	35
PhD	308	47	706	58
PhD and MD	7	1	10	1
AM and MD	—	—	4	—
Other	44	7	73	6
No answer	10	2	26	2

* Overlapping is due to combinations of degrees not specifically listed as combinations (e.g., "other" and PhD, etc.). The degrees (i.e., M, PhD) are not necessarily in psychology.

percentage suggested by the Division 12 report and to the 4 per cent given by Sanford. His data also indicate that the distribution of private practitioners over the country is far from uniform, ranging from none out of 100 APA members in Kansas to 5 per cent of the 1,417 in New York.

Our fourth source of information comes from Rogers, whose study of the fields of interest expressed by psychologists in the 1948 and 1951 APA directories indicates that "two out of seven APA members have, as one of their fields of special interest in psychology, some phase of the practice of psychotherapy as operationally defined in this study" (3, p. 49). The general indications are that this interest is increasing and that descriptions of current occupational placements are likely to be underestimations of future placements.

TABLE 3

Present position held by therapy group and total group

Position	Therapy Group		Total Group	
	N	%	*N*	%
Chief psychologist, director, chief of psychological service	98	15	194	15
Department chairman, professor, associate professor, assistant professor of psychology	103	15	339	36*
Professor, associate professor, assistant professor of education	9	1	42	3
Instructor or lecturer	24	4	60	5
VA trainee	28	4	36	3
Psychologist in Civil Service	11	2	15	1
Therapist in private practice	21	3	22	2
Consultant	27	4	31	2
Clinical psychologist or psychologist	164	25*	209	16
Senior psychologist	10	2	31	2
Vocational or educational advisor	9	1	9	1
Counselor	48	7	57	4
Remedial worker	1	—	1	—
Psychological intern or extern (non-VA)	1	—	1	—
Personnel psychologist, personnel consultant, director of personnel	11	2	21	2
Industrial psychologist	—	—	6	—
Dean, assistant dean	13	2	30	2
Director of research, research psychologist, research fellow	11	2	34	3
Instructional position other than psychology	10	2	20	2
Other	53	8	107	8
Omitted	21	3	39	3

* Modal occupation.

TABLE 4

Nature of training of therapy group and total group

Training	Therapy Group		Total Group	
	N	%	*N*	%
"Are you largely self-taught?"				
Yes	238	36	547	42
No	333	50	563	43
Qualified	42	6	92	7
Omitted	50	8	100	7
"Do you ever feel any significant lacks in your training for psychotherapy or counseling?"				
No	150	23	254	20
Yes*	512	77	1048	80
"Would you be interested in receiving further training?"				
No	79	12	216	17
Yes**	583	87	1054	81
Omitted	7	1	32	2

* The original questionnaire responses elaborate the nature of the deficiencies that were mentioned. The deficiency most frequently mentioned, by 23% in the therapy group and 26% in the total group, was "Insufficient or inadequate supervision or consultation (including evaluation of own performance)."

** The original responses specify the kinds of further training desired. The specified additional training most frequently mentioned was "work with experienced therapists or supervised work." This was indicated by 21% of the people in both the therapy and the total group.

By design, the data from these four sources have been presented without comment. Experience has indicated that these figures have been used to document widely differing positions on legislative matters. The final interpretation should be given by the total membership. Regardless of what interpretation is given, the following conclusions seem warranted: There is a large segment of the APA population involved or potentially involved by legislative matters; although the percentage is probably small, there is a significant number of APA members currently operating independently, either as clinicians or in industry, whose current legal status and professional relationships are uncertain; the number of professional psychologists in these applied areas is steadily increasing.

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LEGISLATION IN VARIOUS STATES[1]

California

Although committees of the California State Psychological Association have been working for the past four years on a bill to license psychologists, circumstances resulted in no bill being introduced by this association into the 1953 session of the Legislature. Three bills to license psychologists, sponsored by widely divergent groups, were introduced. Each of these was either unduly restrictive or was designed to license inadequately trained persons. California psychologists were active in informing legislative committees of the shortcomings of these bills, and none of them was passed. The Assembly Committee on Government Efficiency and Economy, which heard two of the three bills, recommended that a legislative committee be appointed to draw up an adequate bill for presentation to the 1953 session of the Legislature. The California State Psychological Association will work with this committee.

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Connecticut

In Connecticut the law for the certification (not licensing) of psychologists went into effect July 1, 1945. Since July, 1947, when the "grandfather" clause expired, the requirements for certification have been: (1) a PhD in psychology or education from a recognized institution; (2) one year's experience in the practice of psychology; (3) passing of an examination in a chosen field.

Inquiries concerning certification are generally received by the secretary of the board or referred to her. A copy of the law is sent to the person inquiring and, if from a preliminary check it appears as if certification is possible, an application form is sent. When the form is received, together with the registration fee of $15, the references are followed up. If the institution from which the PhD was received is not one which has already been certified by the Commissioner of Education of Connecticut, his certification of the institution is obtained. When all information is available, the case is presented at a physical meeting of the Board of Examiners and the person's eligibility for admission to an examination is passed on.

In the application the person has indicated the branch of psychology in which he is chiefly interested and a person in that particular field who has already been certified by the board is asked to draw up a suitable examination. The examination is then given and scored by a qualified person and the applicant is awarded or refused the certificate accordingly.

Ninety-three persons have been certified and three applicants are pending.

Probably the chief value of the law in Connecticut has been education of the public. In 1950 a list of those who had been certified was published in an attractive pamphlet and fairly widely distributed to schools, hospitals, colleges, and industrial firms. Since that time the pamphlet, brought up to date with a typewritten list, has been sent out on request. Such requests have been fairly frequent and a considerable number of institutions have checked with the board to ascertain whether a person whom they were contemplating hiring from outside the state would be eligible for certification.

BOARD OF EXAMINERS OF PSYCHOLOGISTS
OF CONNECTICUT
WALTER R. MILES, *Chairman*
WESTON A. BOUSFIELD
MARION A. BILLS, *Secretary*

Florida

In 1951 our licensing bill never came out of committee in the Legislature. They offered to put us under the State Department of Education, but we rejected the offer for quite obvious reasons.

At the 1952 meeting of the executive committee of the Florida Psychological Association and later at the annual meeting in Miami in April, 1953, it was decided not to push for licensing or certification until the next biennial meeting of the State Legislature in April, 1955. In the interim our committee on ethics and standards will be responsible for lay-

[1] Not all states which have legislation or are contemplating legislation are included here. The article is made up of reports submitted by representatives of various state psychological associations in response to an invitation to prepare an account of the legislation or legislative efforts in their states.—Ed.

ing the groundwork of a campaign during 1954 and 1955 for securing licensing. We have a good bill written; we need money and people to push it closer to adoption. We need control badly; a perusal of our classified section of the telephone directory is ample proof of this.

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Georgia

The act, the board, and some statistics. The Georgia state law "making provision for the licensure of applied psychologists" is titled an *Act Creating and Establishing a State Board of Examiners of Psychologists.* The board consists of three members who are appointed by the governor, normally one each year for a term of three years, from a list of qualified members of the Georgia Psychological Association, and confirmed by the State Senate. "One member shall be chosen from and shall be member of the faculty, with the rank of assistant professor or above, of the accredited colleges and universities in the State, and shall be primarily engaged in teaching and/or research in psychology, and two members shall be licensed applied psychologists or qualified for licensure under the terms of this Act."

The present board, consisting of Austin S. Edwards, Hermon W. Martin, and Lawrence W. Ross, has served approximately two years and has found itself functioning as a well-balanced team, with all decisions so far unanimous, after pro and con discussions at times. Two of the board members qualify both as academic and as applied psychologists, and have for more than 20 years been identified with the development of scientific and professional psychology in Georgia, one being from the state university system and one from a leading private university. The third member of the board is probably the first full-time applied psychologist in Georgia on the staff of a large industrial organization.

The initial official session of the Board of Examiners of Psychologists was held in July, 1951, and eight sessions have been held altogether, or one per quarter, though it is not required by law to meet more than once per year. The work still stays ahead of the board so that at the close of each day of meeting there are applications and agenda items not reached, and each time it is thought surely there will not be so much to do next time.

The period of licensure of applicants with subdoctoral training and without formal examination is now about over, except that present applicants may complete qualifying experience and training within another year. The following tabulation presents a summary of the results of operation during this period:

Applications received	109
Applications processed	100
Licenses granted	60
PhD (32), EdD (2), PhD equiv. (2) with at least one year of qualifying experience in applied psychology	36
MA (16), MS (2), MEd (2) with three years qualifying experience	20
AB (2), BS (1), PhB (1) with at least thirty quarter hours' concentration in psychology and five years' appropriate experience	4
Applications rejected	20
inadequate training and/or experience	14
out of state and no intention of practicing in Georgia	6
Applications continuing deferred	20
for transcripts of training and/or experience	10
until they return to state	10

About ten of the now licensed and five of the now rejected were previously on the deferred list. Those now licensed from the previously deferred applicants have either completed additional suggested course work or the doctorate degree or have acquired more experience under conditions that could be evaluated as qualifying. Of the applicants rejected from the beginning because of being out of state, two presented the MD degree along with the MA in psychology. (One of these seemed to have three MA degrees, and to be on a hospital staff.) Of the in-state rejections because of inappropriate training, two were naturopaths or physiotherapists, one of whom presented a PsD, saying that psychological advice to patients was found to be helpful. Another such rejection was a minister who apparently wanted to be sure he was within the law in doing his counseling of parishioners.

Of those at the doctorate level who have received licenses the great majority are connected with educational institutions or with governmental agencies and simply desire to remain in position to supplement incomes or to render needed consulting services. Several of these individuals the board specifically encouraged to apply for license. Only about one-fifth of these doctoral licensees are in full-time private or professional agency practice. So

far as is known at this time none of those licensed without doctoral training or its equivalent is engaged in full-time private practice on his own. Several are in full-time practice with either licensed PhD's or with psychiatrists. The great majority are with public service agencies, and one or two are school counselors who have more psychology training than is required by the schools and who have for some years been called upon to do occasional psychometric evaluation jobs aside from their regular employment. The board saw no need to block the services these individuals have been acceptably rendering.

General problems and policies. The Board of Examiners feels that it has had rather smooth sailing in administering the Georgia law since its passage in 1951. Everyone concerned around the Capitol seemed to welcome the psychology board members. Governor Talmadge, the secretary of state, the entire staff of the joint secretary of examining boards, an assistant to the attorney general, and even the comptroller of the budget received us, as we had occasion to deal with them, not just politely but very cordially. And what is very important to the board our Georgia Psychological Association has been fully cooperative and appreciative. Also, we have had the expressed good will and assistance of some of our medical and psychiatric friends. All of these are heartening and stimulating to the board in its labor of love.

The first and most general problem confronting the first State Board of Examiners of Psychologists, after having been sworn in by the governor to administer an all-out, full-coverage licensing act for practicing applied psychologists, was that of becoming thoroughly conversant with the law as written, understanding it from the viewpoint of legalistic interpretation, as well as its possible professional values, and determining the power and duties of the board in operation. To this end the board spent the first half of the first day of official session together with an assistant to the joint secretary of examining board and an advisor from the attorney general's staff who was assigned to us upon request. Together we went over the act section by section and then took an over-all view of the interacting sections.

A major question put to the legal counsel was: "Are we, according to this act, licensing merely the name, or also the function of practicing applied psychology?" Citing several widely dispersed sections of the act, covering *use of title, the practice of applied psychology, definition, and practice of applied psychology without license prohibited, exceptions,* our legal counsel rendered the opinion that we are licensing both the title "applied psychologist" and the function or practice of applied psychology as defined, under whatever name.

The exceptions noted under the section prohibiting practice without license, though not found in this form, may be listed as follows:

Persons in the employ of, or serving for, (*a*) an established and recognized religious organization; (*b*) an established and recognized social welfare agency; (*c*) organizations engaged in business, commerce, or industry; (*d*) federal, state, county or municipal agencies; (*e*) chartered educational institutions; (*f*) licensed individuals.

These exceptions apply to the activities and services of individuals within their salaried employ so long as such employed or in-training individuals do not reach out to render service for private fees, which imply the professional practice of psychology, without supervision of licensed individuals.

In connection with the above decision as to what is being licensed and prohibited without license, and the specified exceptions thereto, several questions which could constitute problems readily arise. What about personnel and employment bureaus which offer to individual clients such services as aptitude and interest analyses, and to patron employers a selective screening of personnel on a fee or contract basis? And what about local lay persons engaged by some out-of-state personnel selection agency to administer test batteries for a business or industry within the state, or even what about such batteries being sent in directly to some member of a firm to be administered and returned for scoring and interpretation by such outside agencies? And what about experienced persons well supported by the community who conduct such needed services as family relations institutions, providing individual and group analyses and counseling, but who do not qualify technically for licensure as psychologists? And what about the retired teachers or "visiting teachers," more recently called student counselors, from the public schools, who for years have been utilized as specialists in administering Binets and a few other standardized measures, and now because of their considered proficiency may be called upon by their former

employers or by welfare agencies to do jobs on a fee basis? There are thus problems intrinsic in a licensing law, especially in one covering all applied psychology, which are not found in a more limited law or in certification.

A licensing board could easily become meddlesome to the point of becoming a nuisance in the name of the public good. Test cases could be called which might or might not be upheld in favor of the board. The present board has in general deemed such a course unwise, at least for the early stages of the operation of the licensing act, and while the process of developing appreciation of professional psychology must still be gradual. It cannot afford to become too threatening to too many too abruptly, lest the very public whom it seeks to protect turn against it, as an aggressive child against an overly disciplinary parent. In that first interpretation session of the board which included representatives of the offices of the attorney general and the joint secretary of boards, a question was put in this area of consideration, and it was advised on a basis of experiences of other boards that we could under the law readily become so officious that many citizens and members of other professions would complain to the governor and to legislative members suggesting alterations if not repeal of our act. A member of the medical and psychiatric associations in meeting with Georgia Psychological Association committees on legislation and ethics gave similar suggestions.

Another general problem for the licensing board inheres in the latitude of its dicretionary licensing powers, although this latitude can be most helpful at times. At the close of the section of the act prescribing application for license and qualifications of candidates is the following clause: "Provided that the board may at its discretion accept satisfactory substitute training and experience in lieu of that prescribed in subsections (*c*) and (*d*) of Section 7." The subsections referred to call for the doctorate degree either in psychology or in closely allied field, if in the opinion of the board the training is substantially similar, and for at least one year of experience in applied psychology of a type considered by the board to be qualifying in nature.

The section on examination of applicants states that the board shall make examinations of applicants "at least once a year according to methods and in such subject fields as may be deemed by the board to be the most practical and expeditious to test the applicants' qualifications. The board shall require the examinations to be written or oral, or both."

The section on licensure under special conditions, the "grandfather clause," states that for a period of two years the board may waive either an assembled examination or the requirement of the doctorate, or both, if it deems such action in the public interest; and may grant a license upon payment of the required fee to any person who is of good moral character, and is a citizen of the United States or has legally declared his intention of becoming a citizen, who is qualified by experience to practice applied psychology, and who has engaged in such practice of a nature satisfactory to the board for at least three years full time, or its equivalent, within three years following the effective date of the act. No amount of formal training in psychology is called for. It is also true that it is not mandatory to license without examination in the period of licensure under special conditions.

The present board has sought to steer a middle course, to be neither too rigid nor too lax, to keep in mind always both the needs of the profession and the needs of the public, as well as the established rights of individuals. As evidenced by the tabulation of licensings, the board feels that it has been fairly successful. Also, there have been about an equal number of complaints, so far as is known, both that licensings have been too easy and that they have been too difficult. Two or three complaints from disapproved applicants have reached state officials and have been handled very satisfactorily so far as the board is concerned. The governor has simply replied that he only appointed the board members and had nothing to do with their decisions. The secretary of state has inquired of the board about an applicant by saying he had no intention of trying to influence the board's action but that he had been asked to inquire and would need to report back that he had done so.

The board has in a few instances granted licenses to individuals whom it would not have felt called upon to certify. This, however, has been done not because of pressure from any would-be influencing individuals, but rather because of the prohibiting element in a licensing law which would both deprive the public of services which would not be supplied by better qualified persons and deprive the individual of an established function which he him-

self had built up. An example of this is seen in the licensing of one or two Binet testers who would certainly not in general be called psychologists.

On the other hand, an occasional licensing may have to be granted not at all because the board considers the person desirable or that a community need would suffer without him, but because he meets the stipulated requirements, including the highest mechanical requisites of training and of experience, and there is nothing sufficiently tangible on moral or ethical grounds by reason of which he may be refused a license. In one such instance the Board delayed and deferred action for three quarters on an application until two investigation agencies could report and until letters of special inquiry were answered. These were not favorable, but neither were they tangibly unfavorable, and according to legal counsel, there was nothing to do but license and be alert.

It has been noted that the board is not issuing licenses to individuals outside of Georgia, however qualified such individuals may be as psychologists. We have not yet been called upon to license nonresidents who desire to practice in Georgia. Should such applications arise they may occasion some further problems of interpretation of the law, inasmuch as licenses to be valid are required to be recorded in the office of the clerk of the superior court of the county in which the applicant resides and the clerk is required to make a report to the joint secretary of state examining boards on December 31 of each year of licenses registered with him.

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Illinois

A bill, calling for certification of psychologists, was introduced into the 1953 Illinois Legislature. Because the bill was strongly opposed by psychiatrists in the state, attempts to have it considered in committee of the Legislature were abandoned. A committee of the Illinois Psychological Association is now working with representatives of the Illinois Psychiatric Society to find some form of satisfactory compromise legislation.—Ed.

Indiana

The Indiana Psychological Association has for many years been interested in securing legislation to license psychologists. It was originally thought that it would be more feasible and more strategic to endeavor first to secure a school psychologist's license through the State Board of Public Instruction. Many years' efforts were spent on attempting to secure such school licenses. Later when no progress was evident on school psychologists' licenses, more time and thought were given to the possibility of obtaining a law enacted by the Indiana General Assembly. In the midst of legislative endeavors, almost unexpectedly, the association was successful in securing school psychologists' licenses which are now in force (school psychometrist: a master's degree in psychology, a teacher's license and one year's experience; school psychologist: a doctor's degree in psychology, both a teacher's license and an administrator's license, and five years' experience).

In the two years prior to the General Assembly of 1947 the association voted to enter a bill to license clinical psychologists and drew up such a bill which passed through various revisions in association committees and in conference with committees of the Indiana State Medical Association and of the Indiana Neuropsychiatric Association. In spite of widespread discussion among the psychologists of the state it became apparent that there was not yet sufficient unanimity of thinking among the various branches of psychology in the state to make it seem desirable, finally, to enter the bill at that time. It was therefore voted in the first week of the meeting of the General Assembly to delay action for two years. As the meeting of 1949 drew near, repeated conferences and committee meetings had still not clarified the project sufficiently, evidently, for a number of psychologists in the state who were not involved in the rendering of psychological services but whose support was felt to be desirable. Therefore, although the association remained officially on record as actively desiring a law to license clinical psychologists, it was again voted to wait for more discussion before entering a bill.

However a bill, drawn up by others (including a country doctor who was in the Assembly) and sponsored by the Senate Committee on Public Health, was entered, a bill which would have seriously crippled the practice of psychology in the state. The chairman of the Senate committee who was eager to eliminate abuses was nevertheless very responsive to the representations of the association

that this was not a good bill. She did cause the bill to be withdrawn before it got out of committee, with the understanding, however, that the association would enter its own bill in 1951.

In the two years prior to the 1951 meeting the association was most active in drafting a new bill to license clinical psychologists which embodied the main features of the 1947 bill but which was cast in more sophisticated legal form. The Indiana University School of Law recommended a lawyer who worked devotedly with the association including participating in conferences with committees of the Indiana State Medical Association and the Indiana Neuropsychiatric Association. The lawyer refused to accept a fee for his services because of his belief that a law to license psychologists was in the public interest and was a project which he wished to support. Up to the very last of a series of conferences with the medical profession relationships seemed cordial. In a week's time between the next to last and the last conference the atmosphere changed completely. At the last meeting the chairman informed the association that the headquarters of the American Psychiatric Association had said over the long distance phone that the psychiatrists of the country were officially against the licensing of psychologists and that the psychiatrists of Indiana would therefore do everything possible to see that the Indiana Psychological Association did not get a law passed.

Nevertheless, on the basis of legal and legislative advice and in the light of the association's commitment two years before to the Committee on Public Health, the association did enter its bill with bipartisan support. The entire legislature was slanted against any new licenses, for reasons in no way connected with psychology; therefore the legislative climate was unfavorable in general for any such bill. The association's bill was not reported out of committee in 1951 but we had been assured in advance that the ultimate passage of a law was facilitated by bills having been offered in one or more sessions of the General Assembly. It was therefore felt that although little seemed to have been accomplished, some slight progress had probably been achieved by having had the bill listed and in the hands of the legislators.

By the time of meeting of the 1953 General Assembly so much opposition had been expressed nationally by the medical profession, as is well known, voiced through journals and leaflets, that once more the Indiana association, still on record as wanting a license for clinical psychologists, decided that it would be strategic to refrain from entering a bill at least until 1955. An able special committee of the Indiana Psychological Association has been appointed to make a widespread study of the present status of the licensing problem for the enlightenment of the members of the association. Next steps to be taken in Indiana and decisions as to when to take them will be based in part upon the findings of this committee which is to make its first report in October 1953.

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Louisiana

At the 1952 meetings the Louisiana Psychological Association went on record as favoring legislation for psychologists and empowered the president to obtain information on this subject to be brought before the society at its next meetings. In March 1953 a panel on "Legal Aspects of Psychology" was presented. The participants were Nathan Kohn of Washington University, St. Louis, a lawyer and a psychologist; Robert A. Matthews, chairman of the department of psychiatry, Louisiana State University Medical School; and Leonard Oppenheim, of the Tulane Law School, one of the builders of the Louisiana Mental Hygiene Act. As a result of this presentation the association voted to invite the New Orleans Society of Neurologists and Psychiatrists to appoint a committee to meet with a committee named by our president for the purpose of working out legislation for psychologists ". . . to the end that the quality of our personnel and our services in this State may be improved."

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New Orleans, Louisiana

Maine

In the spring of 1953 we were successful in getting the state legislature to pass a bill which creates a board of examiners for the certification of psychologists. This bill was signed by the governor and is now on the statute books of the state. The bill provides that the board shall be composed of three psychologists appointed by the governor from a list of five psychologists recommended by the Executive Council of the Maine Psychological Association. The first board of examiners has just

been appointed by the governor and has not yet had an opportunity to meet. The members of the board are Lillian H. Brush, A. Douglas Glanville, and Norman L. Munn.

A. DOUGLAS GLANVILLE
University of Maine

Massachusetts

The psychologists of Massachusetts have shown more concern than consensus about the issues of legislation. In 1947 an opinion poll of the membership of the state association showed general agreement on the desirability of state certification in some form, less unanimity on strategy and timing. Continuing study of the problem crystallized last year in the creation of a Committee on Public Relations and Legislation which has tried to assay the experience of other states and the dictates of our own situation. Current opinion is reflected in the report of the PR Committee, to the MPA membership, April 1953, which reads in part as follows:

Legal Recognition of Psychologists: . . . The PR Committee notes some indications, at the national level, of worsening relations with the medical profession, particularly psychiatry, in recent months, but finds no immediate occasion for alarm in Massachusetts. We favor a policy of "fence-mending" to enhance our relations with other professional groups and the public generally, and to improve our professional services. The ultimate desirability of legal recognition should be kept in focus, but we do not recommend the initiation of legislation at this time.

Legislation in General: The PR Committee believes psychologists have special interest and sometimes special expertness in many areas governed by State Legislation, from institutionalized programs of education, mental health care, and correction to quasi-moral issues such as vivisection, censorship, and prejudice. Occasions may arise when we should make our influence felt, e.g., at hearings on pending legislation. The Committee stands ready to organize such lobbying efforts, though we have not felt the need for action this year. We encourage the Membership to keep themselves and their Committee informed, to speak out as individuals, and to cultivate personal acquaintance with their legislative representatives.

CHESTER C. BENNETT
Chairman, MPA Committee on Public Relations and Legislation

Michigan

The Medical Practices Act of the State of Michigan is unusually broad. It defines the practice of medicine as "the actual diagnosing, curing, or relieving in degree, or professing or attempting to diagnose, treat, cure or relieve any human disease, ailment, defect or complaint, whether of physical or mental origin, by attendance or by advice, or by prescribing any drug, or by any therapeutic agent whatsoever." On April 22, 1953 the Attorney General of the State of Michigan in response to a request by the Secretary of the State Board of Registration in Medicine, ruled that "the practice of psychotherapy by non-medically licensed people constitutes a violation of this act."

While no legal action against the psychologists has yet been taken, the above ruling has galvanized the interests of Michigan psychologists in professional problems and the Michigan Psychological Association is taking steps in two directions:

1. Toward securing state certification for qualified psychologists.
2. Toward clarification of the Medical Practices Act as it relates to the services of psychologists.

At present the association activities are directed toward definition of "psychologist" as it pertains to certification and consideration of the conditions under which the association is willing to endorse independent private practice by psychologists.

WILBERT J. MCKEACHIE
University of Michigan

Missouri

The certification of psychologists appeared on the agenda of Missouri Psychological Association meetings relatively early in its history. At the spring 1948 meeting the problem of certification vs. licensing was discussed, and at the fall meeting of the same year certification was the major topic considered. Definite decisions were made concerning the direction of legislative efforts. Certification was favored over licensing, and two levels of professional competence—psychotechnician and psychologist—were to be included. A certification bill was prepared and plans were made to present it to the 66th Assembly of the State of Missouri. Although hearings were held by the Senatorial Committee of the Assembly, opposition, primarily on the part of medical and psychiatric groups, prevented the bill's presentation before the Senate. At the present time, the bill is being rewritten with various changes, including elimination of the psychotechnician level, and plans are underway to have it presented at the next session of the legislature.

H. MELTZER
Psychological Service Center
St. Louis, Missouri

New York

A bill to license psychologists was passed unanimously by both houses of the legislature in New York State in 1950, but was vetoed by the governor on the arguments of the psychiatric association that the distinctions between psychiatry and psychology could not as yet be adequately made. During the two subsequent years the Joint Council of New York State Psychologists on Legislation sought to carry on liaison discussion with psychiatric representatives—with only partial success—in an endeavor to clarify the differences in viewpoint. Last spring, as reported in the April issue of the *American Psychologist*, a bill was introduced without the prior knowledge of the psychologists, which would have made all psychotherapy a part of the practice of medicine. This bill did not come out of committee. The Joint Council is deciding in September on its legislative plans for the coming year.

ROLLO MAY
New York, New York

North Carolina

The North Carolina Psychological Association, after a number of years of study, agreed in October, 1952, to request the legislature to consider a proposal for certification of psychologists at two levels —that of clinical psychologist and of psychological examiner. The North Carolina Psychological Association secured the endorsement of the North Carolina Neuropsychiatric Association for such action; but, in January, the tentative bill that was prepared for introduction into the legislature met considerable ambivalence about support from the executive members of the Neuropsychiatric Association. It became apparent that local action from the psychiatrists was to some extent dependent upon the attitude of the American Psychiatric Association national group and this ambivalence on the part of the local psychiatrists resulted in delayed action on the part of the North Carolina Psychological Association in pushing for the consideration of the bill. For the moment, we are in the position of having agreed to move toward certification at two levels and are preparing the groundwork for cooperation with a number of interested organizations so as to be able to present the bill to the next legislature in 1955.

LOUIS D. COHEN
Duke University

Ohio

At the present time there is no state legislation covering psychologists in the State of Ohio. The State Department of Education has set up requirements for school psychologists and issues such certificates, but this is within the Department, not in the legal code.

The Ohio Psychological Association certifies those of its own members who meet its requirements. This procedure under the board of examiners has now been functioning for four years.

The OPA this year appointed a committee to inquire into the need for legislation and what procedure to take, but this committee has not yet made a report. There is also a committee working on plans for some sort of certification within the Ohio Psychological Association for those below the PhD level.

ROSINA M. BROWN
Cleveland Board of Education
Cleveland, Ohio

Ontario

When applying for incorporation in the Province in 1951, we endeavored to secure the power to certify psychologists as part of the object of the association. We were informed that such power had been opposed by two provincial departments (Health and Education) and, consequently, we deleted the offending clause and were granted incorporation without difficulty.

It was agreed by our board of directors that the question of certification should be pursued but with considerable caution. It was felt that our communication with the other professional groups had not been very effective and that efforts should be directed toward this end. Further, it was decided that future attempts to gain certification privileges should be backed by a quantity of evidence of sufficient importance to outline clearly the need for such measures.

At present, we are still at the data-gathering stage, and prospects for any immediate reapplication for certificatory powers are remote. We are, in the meantime, attempting to benefit from the experience of others as much as is possible both in the States and in Canada.

E. T. ALDERDICE
Secretary-Treasurer
Ontario Psychological Association

Oregon

The Oregon Psychological Association, having been organized for only one year, has moved slowly in promoting legislation. Committees have been appointed and much discussion has taken place, but no concerted move for immediate legislation has resulted. The consensus seems to favor slow movement toward certification. The entire organization, through a state-wide educational committee, has embarked on a program of public education stressing the need for and the utilization of well-trained psychologists. It has been our feeling that the public must be prepared for such legislation before embarking on a drive for passage. We hope to muster support from the general public and related professional groups, while, in the meantime, watching carefully for any restrictive legislation.

ROBERT D. BOYD
Community Child Guidance Clinic
Portland, Oregon

Pennsylvania

In Pennsylvania during the 1953 session, two bills concerning psychologists were introduced in the House of Representatives. One was House Bill 1193 which would have set up a board of examiners of psychologists. The other was House Bill 1194 which would have regulated the practice of psychology. The latter was a two-level bill which would have covered both psychologists with a PhD degree and psychological technicians with a master's degree.

The bills passed the House virtually without opposition by a vote of 204 to 2. However, they did not get out of committee in the Senate. This was due less to opposition against these specific bills and more to a general feeling in the Senate against licensure. No major licensure measures were acted on favorably by the Senate during the 1953 term.

What success was achieved in Pennsylvania was due in large part to the enthusiastic support by psychologists in the state.

ROBERT G. BERNREUTER
Pennsylvania State College

Tennessee

Tennessee's distinctive licensing bill for psychologists was signed into law[2] by Governor Frank Clement on April 10, 1953. The bill was a strong one from the point of view of both psychologists and physicians. It contained an unequivocal definition of the duties of the psychologist to include the term "psychotherapy."

The board of examiners provided for by the bill was appointed on July 21 by the governor. At this writing, only the initial organizational meeting of the board had been held. The problems to emerge are already numerous. However, the board members have the rueful anticipation of more and greater ones as the licensing machinery gets under way. This report will necessarily be limited to a brief notation of the most significant aspects of the Tennessee law and some tentative statements concerning the problems and anticipated effects of the law.

Distinctive provisions. The bill was initially modeled on the Georgia and Kentucky laws; however, a number of unusual provisions were added to strengthen the bill. Only these will be noted in this report. Perhaps the most significant is the definition of the practice of psychology in two levels, the "Psychological Examiner" and the "Psychologist."

The Psychological Examiner is required to have "two academic years of graduate training in psychology including a Master's degree." The Psychologist is required to have "received a doctorate degree in psychology."[3] Tennessee's definition of the "Psychologist" is as follows:

> A person practices as a "Psychologist" within the meaning of this Act when he holds himself out to be a Psychologist and/or renders to individuals or to the public for remuneration any service involving the application of recognized principles, methods and procedures of the science and profession of psychology, such as interviewing or administering and interpreting tests of mental abilities, aptitudes, interests and personality characteristics, for such purposes as psychological evaluation or for educational or vocational guidance, selection or placement, or for such purposes as over-all personality appraisal or classification, personality counseling, psychotherapy or personality readjustment.

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[2] The law was developed and guided through the legislature by the following committee: E. E. Cureton, Louise Cureton, Francis H. Deter, Nicholas Hobbs, Julian C. Stanley, W. J. von Lackum, Ted Landsman, Chairman.

[3] Readers who are interested in the details of the exemptions and substitutions are referred to the Law, Chapter 169, P. A. 1953, which may be obtained from the author or from the Secretary of State. A detailed discussion of the bill and the program in Legislation and Public Relations of the Tennessee Psychological Association is in preparation.

The definition of the duties of the Psychological Examiner substitutes the following sentence for the closing phrase in the above statement:

> The Psychological Examiner practices the following only under qualified supervision: over-all personality appraisal or classification, personality counseling, psychotherapy or personality readjustment techniques.

The definition of practice concludes with the following section, derived principally from the APA's new code of ethics:

> Nothing in this definition shall be construed as permitting the use of those forms of psychotherapy which involve the administration or prescription of drugs or electroshock or in any way infringing upon the practice of medicine as defined in the laws of this State. The Psychologist or Psychological Examiner who engages in psychotherapy must establish and maintain effective inter-communication with a psychologically oriented physician, usually a psychiatrist, to make provision for the diagnosis and treatment of medical problems by a physician with an unlimited license to practice the healing arts in this State. A Psychologist or Psychological Examiner must not attempt to diagnose, prescribe for, treat, or advise a client with reference to problems or complaints falling outside the boundaries of psychological practice.

Other provisions of the bill are:

a. privileged communication;

b. adoption of a code of ethics to govern decisions of the board (the APA code);

c. provision for periodic (every 5 years) study of the bill by an interdisciplinary committee to determine if it is unduly restraining anybody or any profession and to make recommended changes;

d. exemption of social workers as well as physicians, clergymen, etc.

The Healing Arts Law. In the initial stages of the law's development, the Healing Arts Law was a grave concern of the committee. However, as its function became clear, we were convinced that it was much to our advantage to become a part of it. The Healing Arts Board functions as an over-all licensing agency for all professions which diagnose or treat physical or *mental* conditions. Each of the professions, medicine, dentistry, optometry, chiropractic, and now psychology, has its own examining boards. Each board examines for competence and the Healing Arts Board issues the license only upon recommendation of the pertinent examining board.

The crucial issue is that the Healing Arts Board is a *lay* board, only one member of which is a physician. It is composed by law of the state treasurer, the commissioner of public health, and the secretary of state.

The Board and the Mental Health Program. No small factor in the success of the bill was the enthusiastic support of the new commissioner of mental health, Dr. C. J. Ruilman. One of the governor's pledges was to establish this department. A great deal of interest in the subject was thus generated throughout the state and the Legislature was unanimously behind the program. Dr. Ruilman, announcing his intention to secure the highest standards for personnel in the state's mental health system, threw his complete support behind the bill.

Current problems. The appointment of the board had scarcely been announced in the newspapers when one of the members received an ominous letter from a Chattanooga law firm requesting information for one of its clients. Considerably ill at ease in their unfamiliar roles and considerably impressed with the sincerity of the governor, the members of the Board met on Wednesday, July 22, in the governor's office. Judge Neal of the Supreme Court administered the oath of office to Louise Cureton, W. J. von Lackum, Nicholas Hobbs, George E. Copple, and Leland E. Thune. They were presented with their commissions by the governor who declared his interest in their work ahead and impressed upon them his conviction concerning its significance. Dr. Ruilman attended the presentation. The members of the board lugged their commissions (about four times the size of the usual PhD diploma) out of the office and went into session. Dr. von Lackum was elected chairman and Dr. Cureton vice-chairman.

Now the board met face to face the intricate realities of the impact of the legal world upon the psychological. Under the expert guidance of Mr. B. B. Gullett, attorney for the state regulatory boards, some of the flaws as well as the strengths of the bill emerged. No reasonable closing date had been set for all present psychologists to apply for licensing. The original 60 days' limit was impracticable since already almost 30 had gone by before the appointment of the board. What about psychologists currently practicing who were unqualified? Would they have to be licensed since almost all state laws prohibit a new law from depriving a man of his right to earn a livelihood?

These problems could be handled individually, the attorney suggested, so as to protect both the public and the qualified practitioner.

The board grappled with problems of red tape, budgets, clerical help, relationships with the Healing Arts Board, etc. Each member of the board was delegated to look into various problems. Dr. Copple paid a visit to the budget director and left with a sheaf of forms. A second two-day meeting was scheduled for the middle of August. Obviously one of the major problems ahead was the first licensing, the development of examinations and discussions with individual psychologists who were concerned about their status. Whether these problems are to be settled by discussion or litigation is still to be seen. One member of the board reported that he had been averaging three calls a week from psychologists waiting for the licensing. It was apparent that the board needed to act decisively and carefully to establish standards of operation which were secure in a psychological as well as legal sense.

Projected effects. As indicated earlier in this report, the long-range effects of the legislation are not yet apparent. When the governor took office, he declared his intention of making the state's program attractive to professional people in mental health. One of the interesting effects of the bill is that whereas (pardon the legal expression) in the past many of the graduate students would go north for their permanent positions, almost all the graduate students at Vanderbilt, for example, have recently indicated strong intentions of seeking positions in the state. The commissioner of mental health reported that he has a stack of applications for positions from psychologists throughout the country.

The legislation was accomplished through the highest level of cooperation between the psychological and medical professions in Tennessee. It was possible only because of the high level of respect which individual psychologists, physicians, psychiatrists, and social workers have for each other here. Growing out of the legislation is a plan for associate membership in the Tennessee Psychological Association for interested physicians, pediatricians, social workers, clergymen, etc. While, of course, it is still too early to predict accurately, Tennessee psychologists are looking forward to a development out of this experience of additional operational understandings among these related professions.

TED LANDSMAN
Vanderbilt University

Texas

Three years ago the committee on legislation of the Texas Psychological Association worked intensively with the TPA membership and, in conference also with legislative attorneys, produced a bill for the licensing of psychologists to be presented in the Legislature. This bill was approved by the membership, but was not submitted to the 1951 Legislature because of delaying tactics on the part of the state medical association to whom we also referred the bill requesting their reaction to it. The most influential legislators with whom we dealt were unwilling to push the bill unless the medical association was also behind it. Later in the year the legislative committee of the state medical association informed us that they had asked their subcommittee on psychiatry and neurology to review the bill, and this subcommittee requested that we withhold action currently for the licensing of psychologists. At a later meeting of the group, however, the matter was reviewed and the TPA was requested to move toward securing legislation for the certification of clinical psychologists. It was the opinion of the TPA committee on legislation that our best line of attack was to seek passage of a bill for certification, and we are now working on that. Our failure to have a bill ready for the 1953 Legislature was due to the fact that we felt a question of specialties within psychology was not satisfactorily solved. The association membership was not desirous of a certification bill for clinical psychologists alone, and the time required to clear with all groups concerned held back action this year.

The next Texas Legislature meets in January, 1955. We plan to submit a bill for certification of psychologists early in the session and are reasonably optimistic about the outcome. Unfortunately the number of psychologists in the State of Texas who have expressed a desire to be certified or licensed is so small that the very practical question of sufficient income from fees to carry the program arises. I have been informed by state political leaders that a certification or licensing

bill which is not self-supporting has no chance of passage.

GORDON V. ANDERSON
University of Texas

Utah

For the past year the possibilities of state licensing have been given active consideration by the Utah State Psychological Association. At the association's October 1952 meeting the merits and limitations of licensing and certification were discussed. The majority of those in attendance favored licensing in preference to certification. As a result the committee on ethics and standards headed by Ija N. Korner was instructed to study the problems involved in securing state licensing.

During the association's May meeting it was pointed out that one of the major difficulties in obtaining the desired legislation was the absence of an immediate need. No instances of malpractice in our state have been reported. By unanimous vote, however, the committee was charged with the responsibility of preparing a licensing bill that would be acceptable to the state association, the medical profession (if possible), and the state legislature. It was also suggested that such a bill should cover the industrial as well as the clinical field. At the present time a tentative bill is being formulated with the hope of presenting it in the 1955 legislative session.

ROBERT J. HOWELL
Brigham Young University

Virginia

The initiation and development of the legislation which led to the creation of a board to examine and certify clinical psychologists in the Commonwealth of Virginia was described in the September 1946 issue of the *American Psychologist* and will, therefore, not be discussed here. During the seven years of the board's existence there have been two minor legal and administrative changes, neither of which has affected its basic functioning. The first, in 1948, placed it along with other state examining boards under a newly created Department of Professional and Occupational Registration. It is the duty of the director of the department to serve as secretary, maintain all records, collect and account for all fees, make disbursements, and to employ such personnel and assistants as may be required for the operation of the board. The rendering of these services coupled with excellent cooperation by the director has expedited the work of the board. The second change, brought about by an amendment to the Code of Virginia in 1950, specified a $25 examination fee, a step made necessary by the failure of the 1946 act to authorize the collection of any funds.

The first board, consisting of Dorata Rymarkiewiczowa, chairman, Frank W. Finger, John N. Buck, Merton E. Carver, and Mary L. Lively, laid a sound organizational and procedural groundwork which contributed immeasurably to the successful workings of the board. John N. Buck served as chairman from 1948 to 1951 when illness forced his resignation. The personnel of the current board is as follows: William M. Hinton, chairman, Austin Grigg, Gilbert J. Rich, Richard H. Henneman, and Catherine Giblette. The names listed above include all the individuals who have served on the board to date.

The following quotation from the certification law should serve to implement the procedural discussion which follows.

> A candidate for certification as a certified clinical psychologist shall in order to be certified meet the following requirements:
>
> (1) Be of good moral character.
> (2) Hold a doctorate in psychology from a college or university accredited by a recognized regional accrediting agency including graduate courses in clinical, experimental and physiological psychology, psychotherapy, and statistics, or have had other academic training or specialized experience which, in the opinion of the Board, is equivalent thereto.
> (3) Have had five years of actual experience in clinical work, at least three years of which have been in an approved mental hygiene unit, and at least one year of which has been under the supervision of a certified clinical psychologist, or other experience which, in the opinion of the Board, is equivalent thereto.
> (4) Demonstrate competence from a clinical standpoint, as evidenced by passing such examination or examinations as the Board may deem necessary. (1946, p. 474; Michie Suppl. 1946, 1639f; 1950, p. 991.)

Only experience gained after at least one year's acceptable graduate study beyond the baccalaureate degree is acceptable in fulfillment of No. 3 above. In the rare case where the candidate is permitted to substitute experience for the formal education requirement in No. 2 above, the formula is the

substitution of two years of acceptable experience for each required year of academic work. A minimum of one year of graduate study is a prerequisite.

A thorough screening of the credentials of all applicants has reduced to a minimum the probability of failure by those individuals taking the examination. The approximate examination procedure has been as follows:

1. The candidate is given two hours to examine a patient, employing whatever techniques he desires;

2. One hour is then allowed for preparation of a written summary of the examination, including diagnosis and prognosis;

3. He is then examined orally. The first portion of the time is devoted to an oral presentation of the case with an explanation and defense of the techniques used. The second portion is given over to questioning on the methodological and statistical basis of intelligence and personality testing and on the experimental method especially as applicable to clinical work. The last portion is used for questions bearing on the definition of various clinical syndromes, the rapid diagnosis of any case for which background material is completely lacking, and discussion of examination procedures adaptable to situations less limited in time. At times when a patient is not available, the candidate is given case data to study and interpret, followed by the procedures described above.

After their credentials have been verified, persons requesting certification by reciprocity are required to appear before the board for a brief interview. As of July 1, 1953, 33 persons have qualified for the certification; 14 under the "grandfathers' clause," four by reciprocity (all of whom are diplomates of the American Board of Examiners in Professional Psychology), and 15 by examination.

In conclusion, it appears appropriate to quote from the report, published in the September 1946 issue of the *American Psychologist*, by the Committee on Training and Standards, Psychology Section, Virginia Academy of Science:

> It may be said, in summary of this legislation, that psychologists in Virginia are given no legal privilege or responsibility beyond those previously enacted, although their use in court is more strongly urged. The committee feels, however, that a major step forward has been made toward raising the status of the profession in the State. A very definite specialty has been legally recognized, high standards of training and competence have been established, and there has been put into the hands of the psychological profession the power of determining who can and who cannot lawfully claim himself to be a "certified clinical psychologist." With judicious application of this power, high quality performance in the name of Psychology can be expected with increasing confidence, and as time goes on, duties more commensurate with proven ability may be assigned by law to the clinical psychologist.

The experience of the board during its seven years of functioning bears testimony to the soundness of the pioneering work of this committee.

WILLIAM M. HINTON
Washington and Lee University

West Virginia

The State of West Virginia is engaged in a program of self-certification and will have one form of certified psychologist only. After our state association has been properly certified, we may then begin an investigation of licensure procedures. This will probably be several years in the offing.

ROBERT P. FISCHER
President, West Virginia Psychological Association

Wisconsin

The Wisconsin Psychological Association polled all the members of the APA in the state in 1952 to ascertain their interest in pushing for either certification or licensure. The replies indicated an overwhelming desire to seek certification but not licensure at this time. The legislative committee on the basis of this poll approached the Wisconsin State Medical Society concerning their attitudes toward our endeavors for certification of psychologists in the state. The medical society through its executive secretary indicated that they would like to set up a joint working relationship between their organization and ours to study the problem of legislation. A joint committee is now functioning toward this end. The sentiment in both organizations at the present state of development seems to be for certification rather than for licensure. Because the State Legislature in Wisconsin meets on alternate years, it will be 1955 before any definite steps can be taken to enact legislation. I might add that those who favor certification in the state generally are attracted toward the Minnesota type of legislation.

W. J. HUMBER, *Chairman*
Wisconsin Psychological Association Legislative Committee

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Comment

Comments [1] on "Relations with Psychiatry"

It is our belief that psychology is supported in its position not only by considerations of public welfare, but by a considerable body of empirical fact. Research in psychopathology leads to the implication that these "illnesses" are a result of distortions of life experience and are therefore to be properly considered as aspects of learning broadly conceived, whether this be learning to perceive or learning to respond. There are many psychologists who are convinced that psychotherapy is an educational process which is concerned with the acquisition of certain complex social skills. Even if this is true in a limited sense only, it would follow that the "therapy" part of psychotherapy is a misnomer. It would also seem clear that no aspect of the currently standard medical curriculum properly prepares the general medical practitioner to prescribe or perform this form of education; even less does it prepare him to supervise psychologists who are specifically trained in psychotherapy.

It is our feeling that the current insistence on the use of the term "illness" to designate psychological disturbances, while appropriate in a general sense, is understood by the general public and much of the medical profession to imply that neuroses are subsumable under the same category of phenomena as measles and appendicitis. The difficulty which the psychotherapist encounters in assisting clients to accept personal responsibility for solving their problems is due in no small measure to mental hygiene programs which have placed these problems within the province of medicine and hence, by implication, susceptible to therapy via pill. This is not to challenge the demonstrated value of somatic therapy in psychiatric practice, nor to deny the necessity to be constantly alert to the borderline problems to which the Council of Representatives alluded in 1949. It is only a protest against the encouraging of passive and dependent attitudes by the medical profession.

If it develops that psychologists have only the two alternatives which are mentioned [in "Relations with Psychiatry"], they must certainly elect to resist. Not to do so would be to abandon not only our ethical principles as clearly conceived, but to deny the validity of a considerable body of empirical observation which our principles as scientists will not allow. The medical profession has abandoned many reactionary positions in the past; we can only hope that it will do likewise in this instance. Our answers to this challenge are our research skills and the increasing numbers of young men who enter the field to serve the public.

RICHARD L. BLANTON, LOUIS BROWN, JOHN E. DAVIS, JR., DAVID T. JOHNSON, ERNEST KIPNIS, ART A. KRAMISH, ROBERT C. NICHOLS, LEO CHARLES WARD, JR., HAROLD WEBSTER, AND ERIC WEINGARTEN
Lexington, Kentucky

A resolution of the conflict between psychiatrists and psychologists requires some basic definitions delineating and separating the psychologist from the psychiatrist. Both the psychologist and the psychiatrist have a legitimate interest in human behavior, both normal and abnormal. Both are found diagnosing and treating behavior problems. Both have long years of professional preparation and hospital internships. Both professions have techniques in common. Yet, there are basic differences which should be understood, evaluated, and appreciated.

What are the legitimate differences between the psychologist and the psychiatrist? A superficially quick (and often wrongly accepted as adequate) answer is always given: The psychiatrist is trained in a medical school and has an MD degree, whereas the psychologist is trained in a graduate school of arts and sciences and has a PhD (or similar) degree. Then, the respondent who gives the answer fumbles around that both psychologist and psychiatrist apparently do the same things and that he cannot really explain that there is a difference in what they do, except that the psychiatrist can use shock treatments and the psychologist is limited in his usefulness because he may not do so.

Let us first consider the psychiatrist. The psychiatrist is generally a medical doctor (exceptions will be noted below) with exceptionally fine training in (human) biology, physiology, pathology, chemistry, physics, and other of the biological disciplines. He learns to look upon disease as some disturbance in the biological organization of the individual, such homeostatic disorganization coming either from a germ invasion, dietary deficiency, or endocrine dysfunction. The medical doctor learns that to return the body to health he must directly treat the biology. He may prescribe diets, drugs, electricity, surgery, or other measures directly aimed toward the biological organization in an effort to return the physiological imbalance to a state of continuing homeostatic equilibrium. This, then, is the basic theoretical assumption implicit in medical practice.

Theoretical assumptions of the psychologist are basically different from the assumptions of psychiatry. To the psychologist, the entire scope of the human mind

[1] See "Across the Secretary's Desk. Relations with Psychiatry." *Amer. Psychologist*, 1953, **8**, 169–173.

and human behavior, both normal and abnormal, become the proper province of study. And, as psychiatric therapy has failed to cure large numbers of the mentally abnormal, the interests of the psychologist have turned more and more to the clinical areas. In the development of his concepts of psychotherapy, the psychologist has been guided by this basic principle: Disorders of the mind and emotional upsets are primarily the result of a disordered psyche, and are to be influenced by mental treatment. Hence, the psychologist does not seek training in a medical school; his theoretical approach does not demand it.

One special type of psychotherapy, not psychiatry, is psychoanalysis. Even though Freud was primarily trained as a physician, he developed techniques of psychotherapy which in no way depend upon a knowledge of biologic medicine for their undertaking. Freud approached mental illness through verbalizations, and not through medications. Without implying that further development of psychiatry was barren, Freud virtually abandoned the field of psychiatry to become a rather special type of psychotherapist. Now, either properly accredited psychologists or psychiatrists may become trained as psychoanalysts.

So, we can see that there are basic differences between the broad fields of psychiatry and psychology. Both have much to contribute to human welfare from research as well as from therapeutic efforts. Both must share common diagnostic techniques. For the welfare of the ill patient, both should cooperate in seeking the cure—but cooperation as equals is essential. And all professional groups should be warned that psychologists will resist any and all encroachments by the unqualified in the domain of psychology. Although a medically trained person may also become competent in the field of psychology, just as the psychologist may also qualify with additional study to become a medical doctor, the mere possession of an MD degree does not automatically qualify one for the practice of psychology. And psychologists should seek to resist the encroachments of all the unqualified by restricting the practice of psychology, by certification and licensure, to members of the American Psychological Association. Only then will our obligations to the public and other professional groups be fully discharged, and our unique identity preserved.

LEONARD COHEN
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As I simplify the issue [on relations with psychiatry] so that I can verbalize it to my own satisfaction (perhaps I should say oversimplify since this term is commonly applied to any attempt to eliminate ambiguity) there is little controversy about diagnosis. In any case where organic involvement is even slightly suspected the clinical psychologist would defer to the medical profession. He would not, or at least should not, consider himself qualified to perform that part of the diagnosis which finally establishes or eliminates the possibility of organic involvement in a behavior disorder. He might obtain data in the form of test results or observational reports which contribute to that decision but he should not have final responsibility for it. On this issue I believe there is little disagreement. However once this dichotomous diagnosis has been made by members of the medical profession, I see no reason why further breakdowns in the diagnosis of behavioral pathology should be the sole responsibility of the medical profession, especially if, as I understand it, this profession does not legally or in practice limit this responsibility to physicians with full supplementary training in the field of behavior and behavior pathology *at least* equal to that required of a qualified clinical psychologist. I see no reason whatever to believe that a standard medical training with or without an informational course or two in psychology or psychiatry should qualify a physician to diagnose behavior disorder. And from my acquaintance with the training and practice of clinical psychologists and psychiatrists I see no indication that the latter are better qualified to diagnose behavior disorder, certainly when organic involvement has been excluded.

The question of *legal* responsibility may be raised here, but I think the present status of that responsibility is irrelevant. Is not this an issue which the various controversial bills are supposed to settle for the future? In any case, I doubt that present laws regulating medical practice adequately cover the assignment of responsibility for *behavioral* consequences of either medical therapy or psychotherapy to the medical man. In fact, if one may judge from the freedom with which brain-sculpture is practiced by members of the medical profession, the medical license promotes irresponsibility.

However, the major issue seems to be: Who shall practice psychotherapy? Diagnosis and medical therapy for behavioral disorders are not in serious question. One wonders whether economic issues are not involved here, but these are perhaps better not discussed. As I understand psychotherapy, it is a practice whose only tool is words, certain standard upholstered office furniture, and, since Rogers, well-chosen silences. This I would distinguish from medical therapy, whose tool, if we may judge from the name, is medicine, although traditionally it includes the scalpel, forceps, and needle. Most other mechanical and electronic tools have been released to technicians and other nonmedical professions. In the licensing and certification bills which clinical psychologists have proposed there is no indication that they are attempting to prevent the medical

and surgical professions from using their traditional tools. However, the competing bills proposed by members of the medical profession all seem to have in common the insistence that the medical profession shall have exclusive responsibility for the words used in a therapeutic situation. Since there is some evidence from research in psychosomatic medicine that misuse of words under these circumstances may aggravate an organic pathology, this may be justified when such pathology is indicated. But when it is contraindicated by the legitimate and desirable practice of medical or psychiatric diagnosis, one may question whether therapeutic words should be assigned by law to the exclusive jurisdiction of medicine.

To summarize my oversimplified position, one which I do not believe has been presented for consideration by and with the medical profession: In any case of behavior disorder in which organic involvement is even slightly suggested, responsibility for a dichotomous diagnosis for the presence or absence of such involvement should be assigned to members of the medical profession. If organic involvement is indicated, all *responsibility* for further diagnosis and therapy should remain with persons with adequate training in medicine *and* psychiatry or medicine *and* clinical psychology. This would not preclude further diagnosis and therapy by clinical psychologists under medical or psychiatric supervision, but it would prohibit physicians without full psychiatric or clinical psychology training from this practice.

If organic involvement is not indicated, the medical profession has no reason to claim responsibility either for behavioral diagnosis or for psychotherapy which is limited to manipulation of verbal aspects of the environment. This practice should be limited to those with adequate training, which might be specified as training in clinical psychology and/or the behavioral (nonmedical) aspects of psychiatry. The specification of this training is a legitimate subject for inclusion in licensing and certification bills for clinical psychologists (and psychiatrists).

This proposal assigns a major responsibility to the medical or psychiatric diagnostician. It is to be hoped that the ethics of his profession would prevent him from using his diagnostic responsibility for purposes of power politics.

If it were later shown that strictly medical training contributed to psychotherapeutic treatment of behavior disorders which were unaccompanied by organic involvement, extension of the jurisdiction of psychiatry, such as psychiatrists are now recommending to legislators, might be justified, or as an alternative, medical training might be required of professional clinical psychologists. At the present time there is no evidence that a scientist would accept that this is the case, that is, there is no evidence that psychotherapy as practiced by a psychiatrist is superior to psychotherapy as practiced by a clinical psychologist (or vice versa).

In brief: Let us draw the line between medical therapy and psychotherapy, not between psychiatry and clinical psychology.

D. G. ELLSON
Indiana University

There is no better confirmation of the cleavage existing between the two APA's (American Psychological Association and American Psychiatric Association) than the editorial on "Mental Health" in the *Journal of the American Medical Association* (1953, Vol. 152, No. 1, pp. 48–49). Reading this editorial one gets the feeling that the American Medical Association is unaware of the existence of the American Psychological Association, and the efforts of Divisions 12 and 17 in particular, in preventing and helping mental illness. Intellectual and professional compartmentalization of this type, relative to an old-standing professional and educational organization engaged in mental health, research, diagnostic methods in determining extent of mental illness, counseling, and psychotherapy is almost impossible to conceive to be true. It is my firm belief that all professional organizations engaged in promoting mental health should be given due recognition by the American Medical Association. It is interesting to note that the following organizations were listed in the editorial: "There are in addition several national organizations that deal with special aspects of the mental health problem. These include the American Association of Mental Deficiency; the National Epilepsy League; National Committee on Alcoholic Hygiene; The National Committee on Alcoholism; The National States' Conference on Alcoholism; and Alcoholics Anonymous." Other organizations also listed were: "American Institute of Family Relations; The Family Service Association of America, and the National Council on Family Relations contribute significantly to the prevention of mental illness."

Elsewhere in the editorial, mention is made of the function of clinical psychologists, among others, in terms of "recruiting and training of mental health personnel," "promotion of research on treatment and prevention of mental illness," and "the education of the public to eliminate the stigma associated with mental illness," and yet no recognition is given to the existence of the American Psychological Association of which clinical psychologists are members. Likewise, no recognition is given to the American Psychological Association in terms of the numerous publications, research findings, and influence on both public and private organizations in terms of promoting mental health.

SAUL KASMAN
De Paul University

Psychologists have been spared conflicts with organized medicine, such as the one that is commencing, and are rather unprepared for the tactics and ruthlessness that medical men collectively can and will resort to. The American Psychiatric Association has publicly announced a policy which is an echo of a publicly announced policy of the American Medical Association, coming after several years of collaborative discussions between the official psychological and psychiatric bodies. In organized medicine today what individuals or affiliated organizations say or promise has little value. Sometimes even official pronouncements at the top level have a way of being distorted by the time they reach the enactment level.

Before proffering possible answers to the questions asked [in "Relations with Psychiatry"], there are a few facts frequently overlooked. First, the majority of psychiatrists are organicists, and there is a peculiar ambivalence in the approval of methods of psychotherapy. (See Leo Alexander's *Treatment of Mental Disorders,* Saunders, 1953.) Most psychiatrists in private practice use some form of psychotherapy, but there is a wide range in its nature—most of it being organically oriented. Next, medical men are influenced directly to a remarkable degree by "instructions from headquarters." Failure to comply is attended by censure in various degrees (note the case of Dr. Ivy in Chicago). Next, the average physician (and psychiatrist) has only a vague idea of the work of a psychologist, and if he were inclined to read psychological literature he would be discouraged by his unfamiliarity with the method and statistics incorporated universally in psychological articles. As a matter of fact, there is more opposition to dynamic psychotherapy from physicians than from the laity. Next, even in well-staffed institutions where the classic team of psychiatrist, psychologist, and psychiatric social worker is operative, it is on a hierarchical basis with the psychiatrist in the administrative or supervisory post frequently holding the authority. The other disciplines often contribute their work on an elective basis rather than as an essential component of patient study. And, finally, the practice of medicine and psychiatry is a business as well as a profession, and is frequently conducted in groups that are both closely and tightly bound together.

To the first question:

1. "What do clinical psychologists now do that is harmful to clients?" Medical men could produce an impressing array of cases harmed by failure to recognize organic disease. It would mean little that such cases are poorly representative, and that it is very rare for a psychologist to be sued for malpractice.

2. "What do they do that causes physicians concern?" This is simple, they are competition.

3. "What professional people are now using what sort of psychotherapeutic techniques and with what results?" This would probably be answered didactically with nicely selected literature quotes, showing that only recognized psychiatrists are successful.

4. "How does anyone tell whether an individual is skilled and successful in applying psychological techniques?" Just call your local county medical society.

5. "How many psychiatrists are skilled in psychotherapy as well as other approaches to mental disorders?" This indeed could be embarrassing, but not for long, for there would be a group of specialists within the specialty who will have the skill and receive the referrals.

There is an answer to this problem, and that is to slowly include clinical psychology in the curricula of medical schools. It can be done, though it must be subtle, and an understanding can be reached that no official pronouncement would change. Some may feel that this will take much time. Possibly that is true, but so will the program of the medical men. Resistance to their moves at the state level and at the same time a quietly instituted program to define publicly and legally the role of the psychologist will protect his position and his referrals as well (if he puts his own house in order first).

THOMAS J. MEYERS
Pasadena, California

The controversy arises, it seems, from the push of the body of clinical psychologists seeking licensure in various states, and a retaliatory reaction of medical associations such as to seek changes in medical practices acts so as to exclude psychologists from practicing psychotherapy. Various technical legal phrases, strict definitions, etc. I shall here leave aside, and turn my attention to what seem to me some of the central issues.

While nowhere made specific, it seems to me the motivation of the psychologists is a kind of denial of a sense of inferiority. This comes quite realistically from the legal position of not having a presumption of proficiency, so that in court the psychologist must prove he did correctly when sued, whereas the accuser must prove the doctor committed malpractice. Another source is that historically psychologists have been unaccepted by the practitioners of psychotherapy. A third source is the psychologist's own personality, filled with caution, and as put elsewhere in this same issue of the journal "[They] are not so sure of their own minds . . ." (*Amer. Psychologist,* 1953, **8**, 152).

On the other hand, psychiatrists for the first time face competition from a horde equal to, or greater in number than their own, a horde which is unknown to them, whose professional qualifications are unknown except for the fact that training does not include a

knowledge of medicine. Psychiatrists' motivations seem to me twofold: the age-old one of fighting for one's livelihood when it seems endangered, and the very praiseworthy one of protecting the public from charlatan practitioners.

If these guesses are correct for any large portion of both groups, cooperation and mutual benefit seem to me possible if a few ideas and a little information are distributed among the populations. The core problem seems to me to be the position of psychotherapy. I have not the slightest hesitance to affirm with the Committee on Mental Health that "the practice of psychotherapy is but one aspect of the total therapeutic armamentarium of a physician." But as physiotherapy, occupational therapy, foster-home placement, and almost innumerable other therapeutic measures used and advised by physicians are actually accomplished by technicians other than physicians, so might psychotherapy be done by others, namely psychologists, social workers, ministers, and others. In these other specialties the decision as to type of therapy rests with the treating physician-in-charge. I suggest this is the relationship that perhaps should exist also in psychotherapy, that is, the decision as to whether *the therapy of choice* is psychotherapy should be made by a psychiatrist or internist.

This arrangement seems to me to meet the psychiatrists' concern about the public welfare, and at the same time to be to the psychologists' advantage. Differential diagnosis is difficult even to the trained internist, neurologist, and psychiatrist in many cases. The number of organic diseases which may have as part, or all, of the observed symptoms a picture suggesting functional illness are many. In *every* case of mental dysfunction all of these should be ruled out, as well as the possibility of a mental illness being ruled in, and here no one not trained in medicine is qualified. Where even psychiatrists seek consultations from other medical specialists, how is a psychologist to manage? Even with the added protection of licensure his risk of being sued for malpractice is the same, and the charge would not be difficult to prove if he has not had good medical advice. Cooperation with the medical profession is imperative for all clinical psychologists who wish the utmost protection for self *and* patient.

Once a differential diagnosis is made by a competent physician and assuming the psychologist keeps at his service an internist (and that he refers his patient for physical evaluation with each undue symptom), I can see no reason why he should not practice psychotherapy. This is based on these ideas: (*a*) the number of persons who can benefit from psychotherapy far exceeds the ability of *all* persons in whatever fields (psychiatry, psychology, social work, ministry, etc.) to treat them, on the basis of time alone; (*b*) persons in other fields, e.g., social work, ministry, are actively engaged in such work, and without the animosity of the medical profession (perhaps because willing to pay at least lip service to the control of physicians who may nominally supervise); (*c*) next to psychiatrists, no other professional people are so adequately prepared for such work (in fact, while *at the time of beginning* professional life not so well prepared in *clinical* work with patients as the physician, the psychologist is probably better prepared in the *theory* of personality and mental function and perhaps even dynamics).

It is my belief that where psychologists seek licensure, the medical associations may not obstruct the measures if the former are willing to agree to a clause requiring examination of patients by licensed physicians and that a medical consultant be retained. In such cooperation the psychologist may learn much from the physician, and the latter may benefit from the psychologist's greater training in statistics, experimental design, and perhaps greater acquaintance with sociological problems. Rather than status competition, such cooperation may lead to much needed new ideas in the fields of psychotherapy and basic research.

While I will not go so far as to suggest that adequate and beneficial psychotherapy cannot be done by one who has not been *successfully* and extensively psychoanalyzed, it is my belief that this should be one of the requirements of all psychotherapists who pretend to do any type of "deep" or "reconstructive" psychotherapy. This experience is by far the best training for working with the emotional dysfunctions of others.

GEORGE F. SCHNACK
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In regard to our relations with psychiatry, I feel that some of the friction may stem from the fact that we have not defined for ourselves, psychiatry, and the public at large the difference between a "Clinical Psychologist" and a "Psychotherapist." I not only believe that a difference exists, but that it must be defined clearly both in terms of *function* and *training*.

Psychology has traditionally been concerned with the scientific measurement of "mental activity." This tradition, fostered by such men as Wundt, Titchener, and Hull, has served as a historical guide for the training of future psychologists, including clinical psychologists. In some universities the psychological laboratory forms the nucleus of training and in part defines the function of the psychologist, i.e., "scientific measurement." Continuing this policy, there appears to be an ever increasing emphasis placed by our training institutions on a statistical-mathematical approach to human problems, many leaning heavily on that theoretical bias known as "learning theory."

I do not believe that this type of training is either

necessary or desirable for the person who plans to function primarily as a psychotherapist. I believe that we have, so to speak, cut our own throats by graduating a jack-of-all-trades variety of clinical psychologist trained in learning theory, advanced statistics, and experimental psychology, with only a graduate course or two to provide a training background in psychotherapeutic technique and practice. We have trained a research person, and imply by his title (clinical psychologist) that he is capable, willing, and qualified to do therapy. He *is* a clinical psychologist—"clinical" because he is interested in psychodynamics and psychopathology: "psychologist" because he is interested in valid measurement of these mental activities—but he is *not* a psychotherapist. Perhaps this latter species should not even be called a clinical psychologist, but rather a "psychotherapist," "emotionologist," or something else.

Of course there are many clinical psychologists who are also psychotherapists, and good ones, but this is true in spite of their training, and not because of it. Psychotherapy is and always will be an art—not independent of training but rather enhanced by training. In the same way are the painter's and musician's artistic talents enhanced by training. But the training now offered the clinical psychologist will not particularly but only incidentally increase his effectiveness as a therapist. It *is* the function of the clinical psychologist interested in psychotherapy to discover and isolate those relevant variables involved in the make-up of a successful therapist, and to use this information for purposes of selection, screening, and training.

What kind of training *should* a psychotherapist have, and how should he function? I don't know the answer to this, but I can make some suggestions that have been gleaned from limited observation. It would seem that one of the jobs of the clinical psychologist is to discover and isolate the factors that make up a good psychotherapist.

One suggestion might be to let the medical schools supervise and train a nonmedical psychotherapist, who would subsequently work with or in close connection with a psychiatrist. This might help smooth over relationships with the medical profession and prevent a battle that appears inevitable at this time. In addition, and more importantly, it might actually constitute much more adequate training for the prospective therapist. Medical personnel would be more aware of possible somatic "signs" and danger signals that could arise during a therapy session, and could stress these to the therapist-in-training. Perhaps a modified medical curriculum would be called for, with considerable emphasis on personality dynamics and theory, supervised practice in psychotherapy, etc. The "product" of this training might be called a "therapeutic technician" as we now have X-ray technicians, dental technicians, etc.

Another approach might be to reorganize the academic programs within our psychology departments at the universities. In training therapists, perhaps we need more MD's as instructors.

A third possibility, and one that has already sprung up to meet this need, is the "Institute" set-up, such as those that now function in New York and Chicago. These Institutes admit persons in the field of Interpersonal Relations and train them in theory and practice of psychotherapy, including supervised psychotherapy of "control cases," for a period of two or three years. In most cases a personal analysis is required. Graduate work in psychology, sociology, education, or theology is usually required for admission. In some cases a PhD is required.

It would appear that psychology is in a poor bargaining position in relation to medicine—the medical tradition of "healing arts" is much older than psychology, and their legislative lobbies larger and more powerful. Perhaps psychology must make some concessions in terms of letting the medical men set up or be instrumental in training this "intruder" in the field of healing.

FRANK O. VOLLE
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Testifying As an Expert Witness

Much has been said and written about the need for legal recognition of clinical psychology as a profession, in the form of state certification or licensing. Few psychologists, however, have met with situations in which the lack of such recognition was of any consequence in dealing with the public. The following incident, therefore, may be of interest to the readers of this journal.

The writer, as a clinical psychologist on the staff of the Psychological Clinic of the University of Illinois, was requested by the attorney for the defense to undertake a psychological evaluation of a 26-year-old white male accused of abducting and raping a four-year-old girl. An examination revealed the accused to be an "inadequate personality," an individual who was neither neurotic nor psychotic, but who, while of average intelligence, was characterized by inadequate responses to intellectual, emotional, and social demands. On the basis of all the available evidence the writer was prepared to testify that the accused knew the difference between right and wrong, but that he was the kind of person who might frequently act without taking into account the consequences of his acts, either for himself or others.

The defense attorney introduced the writer on the witness stand as a "psychiatrist," but he was immediately corrected. The prosecuting attorney objected

to the admission of testimony from a psychologist, and the jury was sent out of the courtroom while the judge and the opposing attorneys discussed the admissibility of the testimony. The prosecutor claimed that a psychologist could not testify as an "expert witness" in the State of Illinois, and offered legal precedent for his claim. There was some dispute between the defense and prosecuting attorneys as to the interpretation of previous legal decisions, but the judge finally upheld the prosecutor and ruled that the writer could testify only as a "layman." He ruled further that any testimony based on the defendant's behavior in response to psychological tests was also inadmissible. The defense objected that even as a "layman" the writer's testimony was based on the interaction between him and the defendant, and inasmuch as that interaction included the administration of and responses to test materials, testimony involving the use of tests was admissible; thus, if a layman were to base his opinion as to the mental condition of another person on the latter's response to a kick in the shin, the administration of the kick was part of the observed interaction and part of the admissible evidence. The judge overruled this objection, and the writer left the stand without being permitted to testify.

In the absence of legal recognition of clinical psychology as a profession, the acceptance by the courts of a psychologist as an "expert witness" is a matter of precedent. In this case the precedent cited involved allied professions (e.g., sociology), professions ancillary to the medical profession, and one decision involving a psychologist. The last was interpreted differently by the opposing attorneys, and the judge's decision upholding the interpretation of the prosecuting attorney established another precedent. Unless this decision is reversed by a higher court at some later date, there is little chance that the testimony of a clinical psychologist based on such commonly used tests as the Rorschach and the MAPS will be accepted in the courts of the State of Illinois.

The defendant in this case was found guilty and sentenced to fifty years in prison. His attorneys requested a retrial, citing the judge's decision with respect to the testimony of the writer as one of their reasons, but this request was denied. It was the opinion of the defense attorneys that the writer's testimony might have been instrumental in sending the defendant to an institution where he might obtain psychiatric help, rather than to prison. Therefore a man's fate was decided on the basis of a legal technicality. If clinical psychology were legally recognized in the State of Illinois as an independent profession, this situation could not have arisen.

NATHANIEL H. EISEN
University of Illinois

International Communication

I have found Dr. Beier's comments on international communication (*Amer. Psychologist*, 1952, 7, 592) extremely interesting. It is unfortunate to have to report that the described attitude of European psychologists on "American psychology" is far from being uncommon among Latin American workers in the field. I feel that as a Latin American psychologist I can add some information that may help in understanding better some of the problems to which he refers. It may be of interest to analyze my own attitude toward "American psychology" before and after training in the States.

From 1938 to 1942 I received a fairly large amount of psychological training in Mexico. Experimental psychology was represented by Wundt, and the history of psychology by Aristotle and Saint Augustine, etc. Only in contemporary systems of psychology did we hear anything about earlier Gestalt work or Watson's behaviorism. My professors on one side and my ego on the other probably had something to do with the horror with which I used to comment, "Thinking as a laryngeal habit!" This and other horrors probably had much to do with my attitude that American psychology was "superficial," not to mention other adjectives. "Thinking" as considered in the Gestalt psychology of the time, more complicated and definitely vaguer but undoubtedly "European," seemed to satisfy my expectations much better.

In 1943, my first year in the United States, I became fascinated with Miller and Dollard's *Frustration and Aggression.* I communicated my enthusiasm to one of the authors of the book, and told him that I considered it important that it be translated. I also communicated with some of my older professors in Mexico, one of whom, although confessing that he could not see the significance of such a theory, tried without success to interest editorial and academic concerns—after all, what could "American psychologists" say of importance.

While in the States, I was able to discover also that Watson, and for that matter a good deal of modern behaviorism, would appear difficult to understand and somewhat strange unless placed in its proper historical sequence and in its cultural background. The sequence —structuralism, functionalism, and then behaviorism, with a background of pragmatic philosophy and the typical American attitude of questioning authority (I believe it will be a long time before we Mexicans break our fear of and respect for authority)—makes Watsonian behaviorism clear, understandable, and almost an "indispensable" step in the development of scientific psychology. (Perhaps it is because I went into psychology as a physician skeptical of many "organic diseases" that I found "American psychology" so fitting to my needs and interests.)

Behind all this, I feel there is a definite but somewhat unconscious hostility toward anything that is "American" in science and culture. The history of this attitude is too long and complicated to explain, but I feel that an international journal, written in Spanish for Latin American countries and in other languages for Europe, expressing in terminology understandable to those cultures salient aspects of the complex American psychological movement, would serve to a good extent to break down slowly such barriers to communication. I think Dr. Beier is very right in saying that it is up to the more strongly organized American groups to take the first step.

I endorse Dr. Beier's proposition most strongly, and hope that enough interest in this problem can be raised to lead it to some practical conclusion.

R. DIAZ-GUERRERO
Mexico City, Mexico

Psychologists in High Posts in Government

In view of the absence of psychologists from the more important governmental posts in the United States, which was pointed out in the "Diary of an Executive Secretary" (*Amer. Psychologist*, 1953, 8, 92–93), it is interesting to note that the new Egyptian cabinet contains two educational psychologists. (A large proportion of the employed psychologists in Egypt are educational psychologists associated with one of the Institutes of Higher Education.)

Mohammed Fuad Jalal (or Galal), chairman of the Egyptian Psychological Association, is Minister of Guidance (or "Orientation"). He is concerned with the evolution of intellectual or theoretical bases to underlie the new society, and is consulted on high-level decisions relating to everything from the Arab League to the Fourth Estate. His psychological training was at the University of London, where he received a BS degree and acquired a lasting interest in psychometrics from work with Professor Cyril Burt.

Ismail Kabbani is Minister of Education. He, too, received a bachelor's degree from the University of London. His colleagues trace his interest in testing to his association with Claparede when the latter was in Cairo in the late twenties. He also visited the United States while he was technical adviser to the Ministry of Education. One of his intelligence tests is now being used in the Egyptian Army, and his influence is also seen in the recent upsurge of testing in the Egyptian school system.

Students of the "sociology of scholarship" may wish to speculate on the situation which has brought so many academic persons into positions of prominence in Egypt. One gains the impression that General Naguib relies on professors as heavily as President Eisenhower relies on businessmen.

Perhaps the APA should inaugurate cross-cultural study of the place of psychology (and scholarship) in society.

E. TERRY PROTHRO
American University of Beirut

Psychological Notes and News

Robert H. Thouless of Cambridge University has received a Fulbright grant for research and lecturing at the Parapsychology Laboratory of Duke University from September through December, 1953.

Frank L. Sievers, formerly with the Division of International Education, U. S. Office of Education, has been appointed executive secretary of the American Personnel and Guidance Association.

George P. Dunlevy, Jr. has been appointed executive director of the newly formed Family and Children's Counseling Center in Fort Lauderdale, Florida.

Benjamin Shimberg, formerly assistant chief of the Experimental and Evaluation Services Branch, Division of Public Health Education of the U. S. Public Health Service, has joined the staff of the Educational Testing Service, Princeton, New Jersey, with major responsibility for developing a research program in the field of educational television.

Herbert R. Lotz has been appointed supervisory counseling psychologist in the Counseling Section of the VA Regional Office, New York, New York.

Charles H. Scheidler, formerly of the American Institute of Research, has been appointed a vocational counselor at the University of Dayton. He will also serve in the department of psychology.

Stanley B. Zuckerman, clinical psychologist of the State of Minnesota Youth Conservation Commission, has received a grant from the Department of State to serve as U. S. specialist in youth activities in Northrhine-Westphalia, West Germany, for a three-month period.

Marvin Grossack has been appointed associate professor of psychology at Philander Smith College, Little Rock, Arkansas, for 1953–54. He will also be visiting professor at Arkansas Baptist College, and a research associate of the Psychological Corporation.

Donald R. Morrison, formerly assistant professor of psychology at Dickinson College, has been appointed head of the test construction and research unit of the Pennsylvania State Civil Service Commission.

E. H. Porter, Jr., associate professor of psychology and research associate at the University of Chicago, has been appointed senior consultant for the Harris-Spencer Company, industrial evaluation center, Chicago, Illinois.

VA DEPARTMENT OF MEDICINE AND SURGERY PSYCHOLOGY PROGRAM ANNOUNCEMENTS

Clinical Psychology

Theodore H. Barrett, Jr., a graduate of the VA Training Program, University of Texas, has been appointed to the staff of VA Hospital, Marion, Indiana.

Merton H. Friedman, a graduate of the VA Training Program, University of Illinois, has been appointed to the staff of VA Hospital, Boston, Massachusetts.

Sol. L. Garfield has transferred from VA Regional Office, Chicago, Illinois, to VA Hospital, Downey, Illinois, as Chief, Clinical Psychology Training Unit.

Robert G. Gibby has transferred from VA Regional Office, Detroit, Michigan, to VA Hospital, Marion, Indiana, as Chief Clinical Psychologist and Chief of the Clinical Psychology Training Unit.

Arthur A. Kramish has transferred from VA Hospital, Lexington, Kentucky, to the position of Chief Clinical Psychologist, VA Hospital, Lincoln, Nebraska.

Harold Lindner has transferred from VA Hospital, Richmond, Virginia, to the staff of the National Institute of Mental Health and will be assigned to duty in the District of Columbia Juvenile Court Psychiatric Clinic.

Edith Lord has transferred from VA Regional Office, New York, to VA Hospital, Montrose, New York, as Chief, Clinical Psychology Training Unit.

Syvil Marquit has resigned from the staff at VA Regional Office, Miami, Florida.

James T. Morton has resigned from the staff at VA Hospital, Tuskegee, Alabama.

Harry Rockberger, a graduate of the VA Training Program, New York University, has been appointed to the staff of VA Hospital, East Orange, New Jersey.

Fred Spaner has transferred from VA Hospital, Marion, Indiana, to the position of Chief Clinical Psychologist at VA Hospital, Pittsburgh.

Edward R. Strain, a graduate of the VA Training Program, Duke University, has been appointed to the staff of VA Regional Office, Indianapolis, Indiana.

Alvin E. Winder has transferred from VA Hospital, Downey, Illinois, to the position of Chief Clinical Psychologist, VA Regional Office, Miami, Florida.

William A. Zielonka has resigned from the staff at VA Regional Office, Baltimore, Maryland.

Vocational Counseling

Manual N. Brown, a vocational adviser, VA Hospital, Vancouver, Washington, has been reassigned as Chief, Vocational Counseling Service, at that hospital.

Andrew W. Foley, formerly at the University of Seattle, has been appointed as Chief, Vocational Counseling Service, VA Hospital, Walla Walla, Washington.

Harry Haselkorn, vocational adviser, VA Hospital, Bronx, New York, has been reassigned as Chief, Vocational Counseling Service, at that hospital.

John L. Holland, formerly a faculty member of Western Reserve University, has been appointed as Chief, Vocational Counseling Service, VA Hospital, Perry Point, Maryland.

Peter Kaufmann, a graduate of the VA Clinical Psychology Training Program, University of Wisconsin, has been appointed to the staff of VA Hospital, Downey, Illinois.

Harold Klehr, formerly at Great Lakes Naval Hospital, has been appointed to the staff of VA Hospital, Downey, Illinois.

Morse P. Manson, vocational adviser, VA Hospital, Long Beach, California, has been reassigned as Chief, Vocational Counseling Service, at that hospital.

Karl V. Schultz, a graduate of the VA Clinical Psychology Training Program, University of Southern California, has been appointed to the position of Chief, Vocational Counseling Service, VA Hospital, Oakland, California.

Jerold D. Scott, a graduate of the VA Clinical Psychology Training Program, University of Chicago, has been appointed as Chief, Vocational Counseling Service, VA Hospital, Houston, Texas.

Peter J. Napoli, clinical psychologist, VA Hospital, Montrose, New York, has been reassigned as Chief, Vocational Counseling Service, at that hospital.

Joseph Stubbins, psychologist, Jewish Vocational Service, Cincinnati, Ohio, has been appointed to the staff of VA Hospital, Montrose, New York.

Stanley D. Needelman, clinical psychologist, VA Hospital, Northport, New York, has been reassigned as Chief, Vocational Counseling Service, at that hospital.

Carlton E. Wilder, research psychologist, Chanute Air Force Base, Illinois, has been appointed to the position of Chief, Vocational Counseling Service, VA Hospital, Oteen, North Carolina.

Samuel F. Klugman, a graduate of the VA Clinical Psychology Training Program, University of Pennsylvania, has been appointed to the staff of VA Hospital, Coatesville, Pennsylvania.

Sylvester C. Ficca, clinical psychologist, VA Hospital, Lebanon, Pennsylvania, has been reassigned as Chief, Vocational Counseling Service, at that hospital.

Charles F. Dienst, vocational adviser, VA Hospital, Ft. Bayard, New Mexico, has been reassigned as Chief, Vocational Counseling Service, at that hospital.

M. F. Hyde, vocational adviser, VA Center, Wadsworth, Kansas, has been reassigned as Chief, Vocational Counseling Service, at that hospital.

John W. Scanlan, vocational adviser, VA Hospital, Downey, Illinois, has been reassigned as Chief, Vocational Counseling Service, at that hospital.

Charles Rodell, a graduate of Pennsylvania State College, has been appointed to the staff of VA Hospital, Downey, Illinois.

The **Richmond Professional Institute** has announced the appointment of Alvis W. Jeffreys, Jr. and Henry Winthrop as assistant professors in psychology and the promotion of Walter A. Woods to associate professor of psychology. The School of Clinical and Applied Psychology of the Institute will have the following faculty members during the academic year 1953–54: Vytautas J. Bieliauskas, director and professor; Walter A. Woods, associate professor; William E. Cook, Alvis W. Jeffreys, Jr., Harold Lindner, John J. McMillan, and Henry Winthrop, assistant professors; Jack Boger, Reuben S. Horlick, William H. Kelly, Cyril R. Mill, Murray G. Mitts, and Walter Riese, lecturers.

At the **Mental Health Institute, Mt. Pleasant, Iowa,** Selma Helfand, Frank Duffy, and Leo Gold-

berger have joined the staff as intern psychologists. Leonard Goodstein, assistant professor of psychology at the State University of Iowa, is consultant. Ralph Nelson is chief psychologist and Joseph B. L. Klass is staff psychologist.

Rohrer, Hibler & Replogle have announced the following appointments to their staff: **Bill T. Meyer** to the Detroit office and **Jack T. Huber** to the regional office in New York City.

The **Chicago Psychological Institute** has announced the following changes in staff: T. G. Grygier has resigned as clinical associate to continue as Rockefeller Fellow at Harvard University. Rosslyn Gaines has left for Italy, and J. W. Sanderson has replaced her as part-time clinical psychologist. Dr. Sanderson will continue his affiliation with the University of Illinois in Chicago. Elaine Dorfman, of the Counseling Center of the University of Chicago, has accepted an appointment as part-time child therapist. Helen K. Durkin and Frances Tabin are remedial instructors, working under the supervision of Johanna Krout-Tabin. Abraham Levinson has accepted an appointment as consultant in neuropediatrics, and Frederick Steigmann as consultant in psychosomatic medicine. Theodore J. Dulin continues as psychiatric consultant on cases receiving counseling.

The **Social Science Research Council** will offer awards in the following categories in 1954: research training fellowships, to predoctoral students who have completed all degree requirements except thesis and to postdoctoral students preferably not over 35 years old; grants-in-aid of research, to mature social scientists, not candidates for degrees; faculty research fellowships, to young faculty members who have already made significant research contributions; and undergraduate research stipends, to students about to complete the third year of study toward the bachelor's degree. Awards are made annually in the spring, and applications should be filed in the late autumn or early winter. For further information write to Elbridge Sibley, Social Science Research Council, 726 Jackson Place N.W., Washington 6, D. C.

During the academic year 1954–55 the **National Science Foundation** will select over 700 students with special abilities in science for a year of graduate scientific study. The closing dates for receipt of applications are December 15, 1953, for postdoctoral applicants and January 4, 1954, for graduate students working toward advanced degrees. The fellowships are awarded to American citizens who will begin or continue their studies at the graduate level in the mathematical, physical, biological, medical, and engineering sciences during the 1954–55 academic year. The majority of the fellowships will go to graduate students, but a limited number of awards will be made to postdoctoral applicants. Graduating college seniors in the sciences who desire to enter graduate school are encouraged to apply. Applications may be obtained from the Fellowship Office, National Research Council, Washington 25, D. C.

Three $4,000 **postdoctoral fellowships in statistics** are offered for 1954–55 by the University of Chicago. The purpose of these fellowships, which are part of a program supported by the Rockefeller Foundation, is to acquaint established research workers in the biological, physical, and social sciences with the role of modern statistical analysis in the planning of experiments and other investigative programs, and in the analysis of empirical data. The closing date for application is February 15, 1954; instructions for applying may be obtained from the Committee on Statistics, University of Chicago, Chicago 37, Illinois.

Twenty-five fellowships are offered by the American Association of University Women to American women for advanced study or research during the academic year 1954–55. In general, the $2,000 fellowships are awarded to young women who have completed residence work for the PhD degree or who have already received the degree; the $2,500–$3,500 awards to the more mature scholars who need a year of uninterrupted work for writing and research. Unless otherwise specified, the fellowships are unrestricted as to subject and place of study. Applications and supporting materials must reach the office in Washington by December 15, 1953. For information and instructions for applying, address the Secretary, Committee on Fellowship Awards, American Association of University Women, 1634 Eye Street N.W., Washington 6, D. C.

The **Educational Testing Service** is offering for 1954–55 its seventh series of research fellowships in psychometrics leading to the PhD degree at Princeton University. Open to men who are acceptable to the graduate school of the University, the two fellowships each carry a stipend of $2,500 a year and are normally renewable. Fellows will be

engaged in part-time research in the general area of psychological measurement at the offices of the Educational Testing Service and will, in addition, carry a normal program of studies in the graduate school. Competence in mathematics and psychology is a prerequisite for obtaining these fellowships. The closing date for completing applications is January 15, 1954. Information and application blanks will be available about November first and may be obtained from the Director of Psychometric Fellowship Program, Educational Testing Service, 20 Nassau Street, Princeton, New Jersey.

The American Personnel and Guidance Association 1953 awards for research in guidance and personnel work were presented to **Fred E. Fiedler** and **Kate Senior** for their work entitled "An Exploratory Study of Unconscious Feeling Reactions in Fifteen Patient-Therapist Pairs," which was published in the *Journal of Abnormal and Social Psychology,* to **Edmund G. Williamson** and **Donald Hoyt** for their Study on "Measured Personality Characteristics of Student Leaders," published in *Educational and Psychological Measurement,* to **Edward K. Strong, Jr.** and **Anthony C. Tucker** for their study on "The Use of Vocational Interest Scales in Planning a Medical Career," published in *Psychological Monographs,* and to **William E. Martin, John G. Darley,** and **Neal Gross** for their "Studies of Group Behavior: II. Methodological Problems in the Study of Interrelationships of Group Members," published in *Educational and Psychological Measurement.*

The National Science Foundation has recently awarded to **T. C. Schneirla,** the American Museum of Natural History, a research grant of $16,500 for a two-year study of "The Development of Behavior Patterns in Lower Mammals," and **F. D. Sheffield,** Yale University, a grant of $11,550 for a three-year study of "A Comparison of Autonomic and Skeletal Instrumental Learning."

The Social Science Research Council has announced the award of grants-in-aid of research to the following persons: **Maurice F. Freehill,** professor of psychology and education, Western Washington College of Education, Bellingham, for research on performance bias as a measure of attitude; **Albert H. Hastorf,** assistant professor of psychology, Dartmouth College, for a study of generalized social sensitivity (empathy); **S. O. Roberts,** professor of psychology and education, Fisk University, for research on the relation of sex, race, and social background to test reactions of ten-year-old children in Southern cities; and **James M. Sakoda,** assistant professor of psychology, University of Connecticut, for study of individual differences in psychological experiments.

The **Southwestern Psychological Association** has been established to meet the need for a regional organization of psychologists in Mexico and the southwestern part of the United States. All members of the APA residing in Missouri, Kansas, Oklahoma, Arkansas, Louisiana, Texas, and Mexico have been invited to join the association as charter members. Preliminary bylaws have been drafted and election of officers will take place this fall. The first meeting of the association will be held in conjunction with the annual meeting of the Texas Psychological Association at the Gunter Hotel, San Antonio, Texas, December 3–5, 1953. Although only psychologists residing in the states listed here have been contacted by letter, any member of the American Psychological Association is eligible to join the Southwestern Psychological Association. Further information and application forms may be obtained by writing to Dr. Wayne H. Holtzman, Department of Psychology, University of Texas, Austin, Texas.

The **First Interamerican Congress of Psychology** will be held at the University of Santo Domingo, December 10–20, 1953. Sixty delegates from all American countries, including 15 from the United States and Canada, will present papers. Applications by U. S. and Canadian citizens for membership in the Interamerican Society of Psychology and for possible election as delegates to the Congress should be sent with curriculum vitae, in triplicate, to Dr. Werner Wolff, Vice-President of the Interamerican Society of Psychology, Department of Psychology, Bard College, Annandale-on-Hudson, New York.

At its 1953 annual meeting the Division of Counseling and Guidance voted to change its name to the **Division of Counseling Psychology.**

The **American Board of Examiners in Professional Psychology, Inc.,** now consists of the following officers and members: Donald G. Marquis, president; Harold C. Taylor, vice-president; Noble H. Kelley, secretary-treasurer; Reign H. Bittner, Stanley G. Estes, Anne Roe, Ruth S. Tolman, Austin B. Wood, and C. Gilbert Wrenn. All correspondence regarding the Board should be addressed to the secretary-treasurer, Dr. Noble H.

Kelley, Department of Psychology, Southern Illinois University, Carbondale, Illinois.

The Army has recently published Technical Manual 12–260, **Army Personnel Tests and Measurement,** a greatly expanded version of an earlier (1946) edition. The manual is directed to military personnel who are concerned with the policies and operations of the Army personnel system, and is intended to provide an understanding of basic principles and techniques. It was produced by the joint efforts of the staff of the Personnel Research Branch, Personnel Research and Procedures Division, The Adjutant General's Office. A. G. Bayroff was responsible for the planning, organization, and synthesis of the content and for the final writing; E. A. Rundquist was continuously consulted and contributed several of the chapters; and Emma Brown and Bertha Harper assisted in the writing and in the editorial and technical review. Copies may be obtained from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C., at $.55 a copy.

The Journal of Counseling Psychology is scheduled to release its first issue early in 1954. C. Gilbert Wrenn, University of Minnesota, is the editor, and Frank M. Fletcher, The Ohio State University, the managing editor. Donald E. Super, Columbia University, and Paul Dressel, Michigan State College, are associate editors. Emphasis in the journal will be placed upon well-designed research in counseling theory and practice with an occasional article which systematically surveys significant professional developments in the field. The subscription price is $6.00 per year for four issues. Subscribers may address their requests to Dr. Frank M. Fletcher, Journal of Counseling Psychology, Inc., Room 2, Old Armory, The Ohio State University, Columbus 10, Ohio.

Twelve Ohio school psychologists attended a **workshop at Ohio State University** June 29 to July 17. The workshop, sponsored jointly by the Department of Psychology and the Bureau of Special and Adult Education in cooperation with the Division of Special Education, the Ohio State Department of Education, attempted to acquaint school psychologists more fully with local, state, and national resources by utilizing representatives of the organizations as consultants. The group wrote a bulletin entitled "The Psychologist in the School." To obtain copies of the bulletin, write to the director of the workshop, Dr. Harold R. Phelps, Bureau of Special and Adult Education, 321 Arps Hall, The Ohio State University, Columbus 10, Ohio.

The **Child Adjustment Center** in Patchogue, New York, financed in part by the New York State Education Department, has been established to provide diagnostic and psychotherapeutic aid to children in rural schools of the area. Therapy will be carried out by a staff of psychologists including Leonard J. Schwartz, director, Ruth S. Pasternack, Louis Lauro, and Grace Keith. Under the auspices of the School of Education of New York University, a psychologist intern, Margaret Doty, will also function with the clinic team. Ruth Joldersma will serve as full-time psychiatric social worker, and Gerald Niles will serve as part-time psychiatric consultant.

Several **Guidance Centers** are being established in underprivileged neighborhoods in New York City. The Board of Consultants for the Centers includes Molly R. Harrower, Albert Ellis, Rose Palm, Josephine Ross, and Max Rosenbaum. Psychologists serving at the Convent Avenue Guidance Center are Edward Dalton, Harold Fink, Hyman Chernow, Allan Pope, and others.

American's initial nonhospital **Drug Addicts Anonymous** group, a philanthropic New York City community project, has been formed by Joseph Rosenfield, Jr., and Harold Kenneth Fink has been appointed consultant and chairman.

The **Child Study Center at Yale University** is successor to the Yale Clinic of Child Development which was directed by Arnold Gesell until his retirement from Yale in 1948. The Center, a department of Yale University, carries on an interdisciplinary program for research, training, and community service in which there is a close tie with other departments of Yale: psychology, education, psychiatry, and pediatrics. Milton J. E. Senn, Sterling Professor of Pediatrics and Psychiatry, is director of the program. Staff members, with few exceptions, have multiple appointments, with a primary appointment in either the Center or the department they represent. Undergraduate, graduate, and postdoctoral students in psychology, education, medicine, and nursing comprise the group coming for teaching in child development. Occasionally special students are admitted for research as well as training.

Convention Calendar

American Psychological Association: September 3–8, 1954; New York City
For information write to:
Dr. Fillmore H. Sanford
1333 Sixteenth Street N. W.
Washington 6, D. C.

International Council for Exceptional Children (Regional meeting): November 1–4, 1953; Portland, Oregon
For information write to:
Harley Z. Wooden, Secretary
1201 Sixteenth Street N.W.
Washington 6, D. C.

National Society for Crippled Children and Adults: November 12–14, 1953; Chicago, Illinois
For further information write to:
The National Society for Crippled Children and Adults
11 South La Salle Street
Chicago 3, Illinois

American Occupational Therapy Association: November 13–20, 1953; Houston, Texas
For information write to:
Miss Marjorie Fish, Executive Director
American Occupational Therapy Association
33 West 42nd Street
New York 18, N. Y.

Southwestern Psychological Association: December 3–5, 1953; San Antonio, Texas
For information write to:
Dr. Wayne H. Holtzman
Department of Psychology
University of Texas
Austin, Texas

Texas Psychological Association: December 3–5, 1953; San Antonio, Texas
For information write to:
Dr. Ernestine B. Blackwell
State Department of Health
Austin 1, Texas

Interamerican Congress of Psychology: December 10–20, 1953; University of Santo Domingo
For information write to:
Dr. Werner Wolff
Department of Psychology
Bard College
Annandale-on-Hudson, New York

American Association for the Advancement of Science: December 26–31, 1953; Boston, Massachusetts
For information write to:
Dr. R. L. Taylor, Associate Administrative Secretary
1515 Massachusetts Avenue N. W.
Washington 5, D. C.

American Society of Human Genetics: December 26–31, 1953; Boston, Massachusetts
For information write to:
Sheldon C. Reed
Dight Institute for Human Genetics
University of Minnesota
Minneapolis 14, Minnesota

American Group Psychotherapy Association: January 15–16, 1954; New York City
For information write to:
George Holland, Executive Secretary
American Group Psychotherapy Association
228 East 19th Street
New York 3, N. Y.

Ontario Psychological Association: January 29–30, 1954; Ottawa
For information write to:
E. T. Alderdice, Secretary-Treasurer
100 St. George Street
Toronto 5, Ontario
Canada

Eastern Psychological Association: April 9–10, 1954; New York City
For information write to:
Dr. G. Gorham Lane
Department of Psychology
University of Delaware
Newark, Delaware

Midwestern Psychological Association: April 29, 30, May 1, 1954; Columbus, Ohio
For information write to:
Dr. Lee J. Cronbach
Bureau of Research and Service
University of Illinois
1007½ South Wright Street
Champaign, Illinois

Western Psychological Association: May 20–22, 1954; Long Beach, California
For information write to:
Dr. Leona Tyler
Department of Psychology
University of Oregon
Eugene, Oregon

International Congress of Psychology: June 7–12, 1954; Montreal, Canada
For information write to:
Dr. H. S. Langfeld
Eno Hall
Princeton University
Princeton, New Jersey